Cedars-Sinai

THE ONE-HUNDRED YEAR HISTORY OF CEDARS-SINAL MEDICAL CENTER

1902-2002

And Be A Blessing

LEADING THE QUEST FOR HEALTH®

1902 - 2002

100TH ANNIVERSARY

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Acknowledgements

An undertaking of this magnitude depends on the generous cooperation and guidance of many people.

Research began with the personal reminiscences and professional recollections of scores of doctors, health care workers and informed individuals who have served Cedars of Lebanon and/or Mount Sinai Hospitals, Cedars-Sinai Medical Center, and now, Cedars-Sinai Health System.

Libraries and archive collections were key to understanding the interrelated development of Los Angeles' Jewish community and Cedars-Sinai Health System. The Hebrew Union College Library, the University of California Los Angeles' BioMed Library, the Jewish Historical Society and the Jewish Community Library provided a wealth of information.

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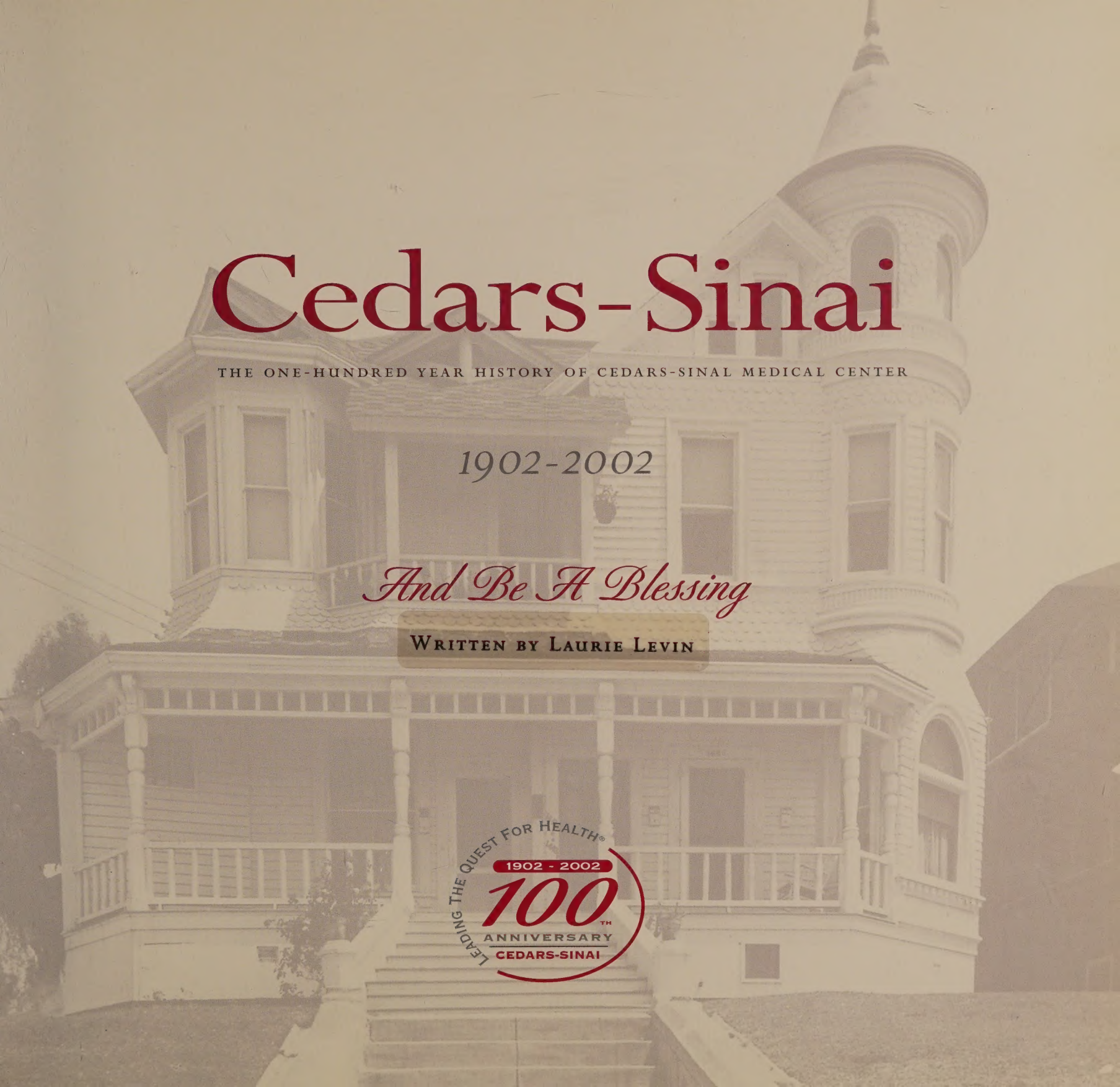
For information on the "Jewish Contributions to Medicine" mural depicted on the inside front and back covers, please refer to page 175.



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WRITTEN BY LAURIE LEVIN

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Introduction

Although the founding of Cedars-Sinai Health System took place at the beginning of the last century, the institution's true spiritual origins can be traced to God's biblical commandment to Abraham: **"And Be A Blessing"** (Genesis:12:2). Inspired by His words, Abraham established a hospice for the sick and needy under the spreading oak at Hebron and the small terebinth of Beersheba.[1] Ever since, Jewish communities worldwide have built and supported the development of hospitals.

Giving to and caring for those who are less fortunate, especially the ailing, is one of the fundamental principles that guide Jewish life. The concept is elegantly simple: Those who "have" are morally obligated to provide for those who "have not." Practicing this core value, commonly referred to as *tzedakah* and translated as social justice or righteousness, is as much the responsibility of an individual as it is a communal duty. Through the performance of "good deeds" or *mitzvas*, no matter how great or small, the collective well-being is enhanced and God's commandment is fulfilled.

It was in the spirit of *tzedakah* that Los Angeles' diverse Jewish community initially established two separate hospitals: Cedars of Lebanon in 1902 and Mt. Sinai in 1918. The founding of each institution represented a unique response to community health needs by distinct supporters and was shaped by the vagaries of immigration, local demographics, epidemics, and economics. Yet, ultimately, the two were folded into one with the formation of Cedars-Sinai Medical Center.

Until now, much of the institution's history has been obscured by time. This is because virtually all of its early records and documents were lost when the hospitals physically merged in 1976. Consequently, newspaper articles, letters, memoirs, biographical profiles and oral histories have been used to reconstruct the past. Fortunately, this painstaking effort has been rewarded. Fragment by fragment, Cedars-Sinai's long and dramatic story has been restored.[2]

Over the course of this century, the institution has served the greater Los Angeles in many ways. Not only has Cedars-Sinai been a place of healing, it has consistently provided for the specific religious and cultural needs of the Jewish community, initially offered opportunities to Jewish physicians and medical students when opportunities were scarce, and bettered the world's health through stunning medical contributions and breakthroughs. All this, while offering premiere patient care on a non-sectarian basis. For these reasons, Cedars-Sinai Health System stands as a tribute to the vibrant heritage of the Jewish people and every member of our beneficent community that has made its existence possible.

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1

The Founding of Kaspare Cohn Hospital

1902-1920

Panoramic view of downtown Los Angeles, 1856

Forging the Future

In 1850, as California was joining the Union, Los Angeles was little more than a rough-and-tumble frontier town that could boast of no more than 1,910 inhabitants, eight of whom were Jewish.[1] With little more than a few dusty or muddy streets (depending on the weather), a string of wooden storefronts and cattle ranches as far as the eye could see, it isn't surprising that of these eight settlers, seven were merchants and one was a tailor. According to one authoritative source, "...most were young, six were German and all were unmarried... [they] lived next door to one another on the ground floor of the city's leading commercial building, a two-story structure called Bell's Row. Also known as Mellus' Row, it was located on the southeast corner of Alison and Los Angeles Streets, an area currently occupied by a federal building. Merchandise was sold in the front of the stores and the men lived in the rear, constituting the first Jewish neighborhood in Los Angeles."[2]

But what these Jewish pioneers lacked in numbers, they made up for in community mindedness. Right from the beginning, they were concerned for those who couldn't provide for themselves. Scarcely four years passed before they founded the first charitable agency in Southern California: the Los Angeles Hebrew Benevolent Society (precursor to the Jewish Family Service of the Federation Council of Greater Los Angeles).

The Society ambitiously set out to acquire a Jewish burial ground, sponsor regular religious services and assist the needy. Within a decade, two of these objectives were well under way. In 1855, a three-acre cemetery was consecrated near Chavez Ravine, now Dodger Stadium. And by 1862, Congregation B'nai B'rith was organized. Eleven years later, in 1873, the 32-family congregation officially dedicated Los Angeles' first Jewish synagogue, located on Fort Street, now Broadway, between Second and Third Streets.[3] This first house of worship would come to be known as the Wilshire Boulevard Temple.

Sometime in the late 1880s, a Hebrew Hospital Association was formed and a committee appointed to draft a constitution.[4] But these initial efforts were temporarily shelved when the Southland experienced an economic slowdown in the 1890s. It wasn't until the financial recovery at the end of the 19th century that interest in the creation of a free hospital was revived by Jacob Schlesinger, president of the Hebrew Benevolent Society.

By then, Los Angeles' total population had soared to 100,000-plus. Newcomers flocked to the city due, in part, to vigorous efforts by the railroads eager to attract customers to California. Advertising and sales campaigns blanketed the East and Midwest promising cheap "land deals" and rate wars drove cross-country train tickets down to $1. The promotion was wildly effective. The number of Jews residing in the city jumped as well, to 2,500, with the majority settling in three areas: what is now known as downtown and in the nearby Westlake and University districts.[5]

At the core of this tight-knit community was a number of men and women, related to Los Angeles' founding Jewish families and to one another through an overlapping network of marriages and business dealings. Many of these same individuals belonged to interlocking social and religious organizations such as the B'nai B'rith Synagogue, B'nai B'rith Lodges, the Ladies' Hebrew Benevolent Society and the exclusive Concordia Club. As these and numerous other associations grew, so did their ability to mobilize considerable communal support – both financial and otherwise – for a wide range of philanthropic causes.

But gathering support for a free hospital to care primarily for tubercular patients was particularly difficult. Jacob Schlesinger tried for years to convince well-known benefactors that providing a safe haven for consumptives wouldn't open the floodgates to "disease-stricken health seekers." Although his arguments were compelling, many in the Jewish community resisted the idea.[6] Their fears mirrored the citywide concern that Southern California was fast becoming the nation's sanitarium. It was a dubious distinction, one that was openly lamented in a speech delivered before the Los Angeles County Medical Association that noted, "Many of these persons come to Los Angeles in the hope of regaining their health, but as they are unfortunately often afflicted with incurable conditions, recovery does not reward their journey to the land of the flowers, and dying here, their deaths are added to our mortality tables...".[7]

Unwilling to be undermined by public opinion, Schlesinger kept to his vision and finally managed to enlist the aid of Kaspare Cohn, the leading Jewish donor of the day and the founder of what was to become the Union Bank.[8] Exactly how Schlesinger persuaded him isn't known, but the philanthropically inclined Cohn was already an active supporter of many Jewish institutions. In addition to serving as president of the Congregation B'nai B'rith (1901-1910), Cohn would contribute generously to countless charitable causes over the course of his lifetime.[9] Among them: the Hebrew Benevolent Society, the Jewish cemetery known as the Home of Peace, the Fruit and Flower Mission, the Southern California Jewish Orphan's Home, the Federation of Jewish Charities, the Hebrew Sheltering Association and many others.

One of Kaspare Cohn's most enduring charitable legacies came in the form of a two-story Victorian house, valued at $5,000 and gifted to the Hebrew Benevolent Society in 1902 for the explicit purpose of creating a hospital.[10] The wood-frame structure was located at 1443 Carroll Avenue, a quiet residential street near Temple Street in the Angeleno Heights district, and still stands today.[11]

With Kaspare Cohn leading the way, other donors soon followed. The Kaspare Cohn Hospital Association was formed and a Board of Directors elected to oversee the conversion of the property, formerly the Wooley Sanitarium. The Association began to solicit funds for new medical equipment by selling Memorial Rooms for $250 and beds for $100 each.[12] Other sources of support made it possible to purchase a lot immediately to the west of the Carroll Avenue address, presumably for future expansion.[13]

On Sept. 21, 1902 the Kaspare Cohn Hospital, later to be called

Kaspare Cohn, primary founder of The Kaspare Cohn Hospital (left)

Jacob Schlesinger, president of the Hebrew Benevolent Society (right)

Cedars of Lebanon and destined to become Cedars-Sinai Medical Center, was proudly dedicated. Although Los Angeles had a number of hospitals at the time – Los Angeles County Hospital, Good Samaritan Hospital, German Hospital, California Hospital, Pacific Hospital and St. Vincent's, as well as the Medical College of the University of Southern California – the dedication of the city's first Jewish hospital attracted considerable attention outside of the Jewish community. The day following the festivities, the *Los Angeles Herald* reported: "Yesterday saw the coronation of the endeavor of the Hebrews of Los Angeles to establish a home where their sick and injured could be cared for surrounded by those of their own faith and where those of the ancient race who would become a burden on the public purse can be cared for at the expense of those of the same belief."[14]

More than 200 of Los Angeles' most prominent Jewish citizens had assembled on the sloping front yard of the new hospital on that sunny Sunday afternoon. Rabbi Sigmund Hecht of the Congregation B'nai B'rith led the opening prayers. A performance by a musical trio followed. Then, Kaspare Cohn formally presented the keys of the house to Jacob Schlesinger. Next came a series of keynote speeches delivered by Rabbi Hecht, Herman Silver, a community leader, and Dr. Phillip Newmark, the hospital's founding physician and a member of one of California's foremost Jewish families, who stated, "I shall endeavor to keep the standard of treatment to the reputation of its founders. Two rooms will be reserved for the use of the consumptives, and with the exception of the county hospital, this will be the only one open to the consumptive. Under our system of treatment, isolation and disinfecting, there will be no danger."[15]

Although Dr. Newmark's pledge attempted to reassure those who feared infection from the dreaded "white plague," his words foreshadowed the very issue that was to profoundly influence the hospital's subsequent growth.

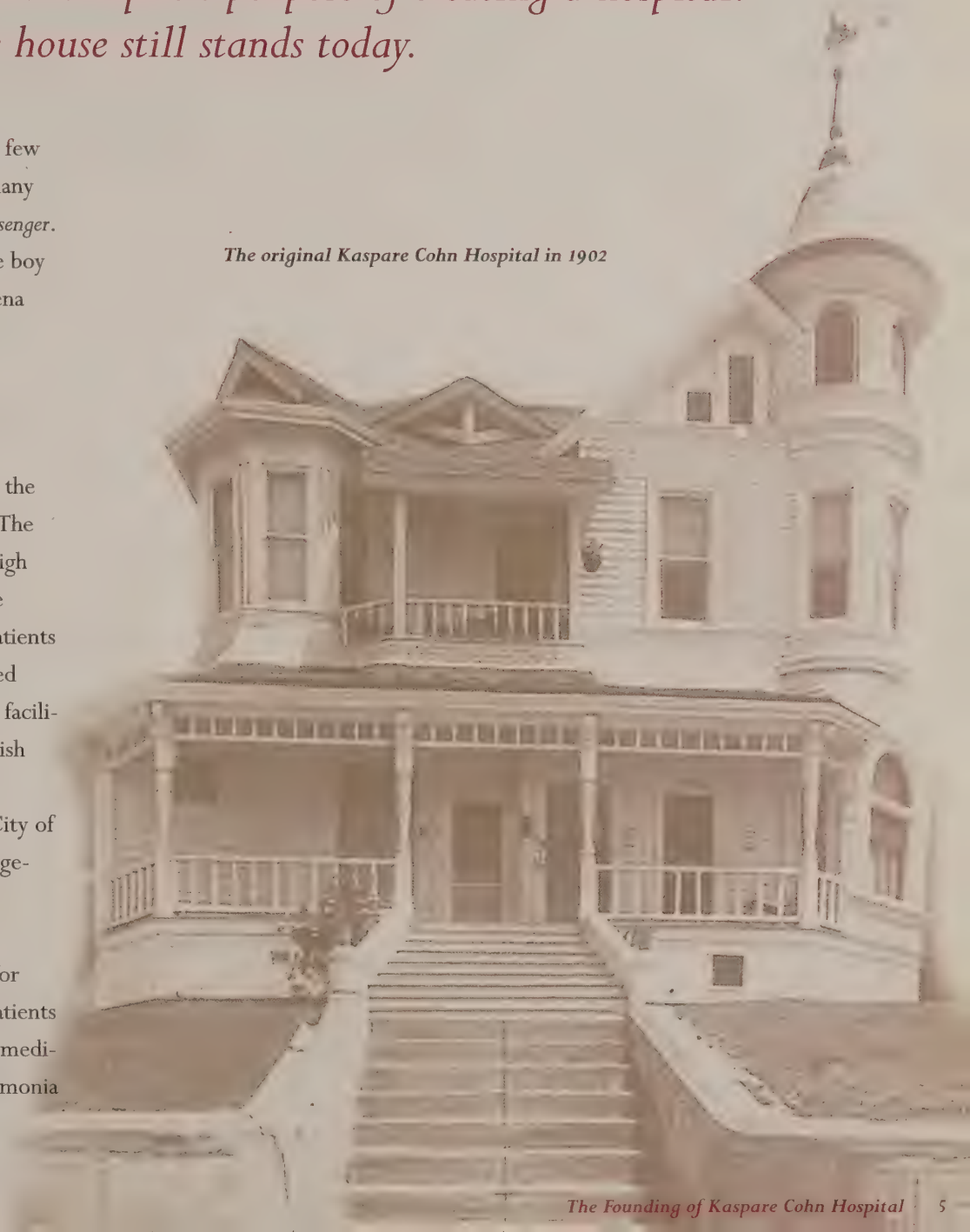
By October 1902, the Kaspare Cohn Hospital was operational.[16] Dr. Newmark and Mrs. Wellington, the hospital's superintendent, took charge of the small facility, estimated to have had approximately 12 beds, two or three nurses and, by January 1903, 24 admissions.[17,18] Additional help was provided by the hospital's own auxiliary, recruited from the B'nai B'rith Congregation. "The Kaspare Cohn Club," as the volunteers (girls, ages 12 to 15) called themselves, was "determined to do what they can for a good cause."[19]

One of Kaspare Cohn's most enduring charitable legacies came in the form of a two-story Victorian house, valued at $5,000 and gifted to the Hebrew Benevolent Society in 1902 for the explicit purpose of creating a hospital. Located on Carroll Avenue, the house still stands today.

Their work would soon be cut out for them. Just a few weeks after the dedication, the first of the hospital's many "success stories" made the pages of the *B'nai B'rith Messenger*. The Nov. 19, 1902, snippet read: "Louis Horowitz, the boy who was injured by running into an electric car at Buena Vista Street and Bellvue Avenue, was removed to the Kaspare Cohn Hospital where his broken leg was amputated. The boy will recover."

Initially, Kaspare Cohn Hospital provided care to tubercular and non-tubercular patients alike. But soon the institution was forced to change its admissions policy. The hysteria surrounding the white plague had reached a high pitch and public health officials passed a city ordinance prohibiting the institutional treatment of tubercular patients within the city limits. The Jewish community responded quickly to these restrictions by establishing alternative facilities for Jewish tuberculosis sufferers. In 1905, the Jewish Consumptive Relief Society began raising funds for a tuberculosis sanitarium in Duarte, the forerunner of City of Hope. And, by 1906, this same group had made arrangements to house Jewish consumptives at the Barlow Sanitarium, the county hospital and other institutions.

Meanwhile, Kaspare Cohn Hospital began to care for non-tubercular cases only. As soon as the tubercular patients were transferred, the few available beds were filled immediately. Diphtheria, scarlet fever, typhoid fever and pneumonia



The original Kaspare Cohn Hospital in 1902

Artist's rendering of Kaspare Cohn Hospital on Whittier Boulevard

were still leading causes of death in Los Angeles and increasing numbers of people were seeking medical care.[20] Kaspare Cohn Hospital was besieged by applicants, so many that the Hebrew Benevolent Society sent circulars to charitable institutions located in other large cities requesting they refrain from sending their sick to Los Angeles.[21]

In an attempt to meet the demand, Kaspare Cohn Hospital continued to enhance its medical services. In 1905, the number of attending physicians was increased to four and included Drs. Phillip Newmark, David W. Edelman, Adolph Tyroler and Edmond M. Lazard. All gave of their time without compensation. By the following year, 1906, Dr. Sarah Vasen was hired as superintendent and the first resident physician. She was assisted by a night nurse, two day nurses, a janitor and a cook. In addition to her medical role, Dr. Vasen acted as head administrator and issued regular press releases to keep the public aware of developments at the hospital. One such example appeared in the *B'nai B'rith Messenger*, Aug. 31, 1906: "At the Kaspare Cohn Hospital there is a baby in the incubator. It is a week old and weighs 2½ lbs. The superintendent, Dr. Sarah Vasen, states that it has good prospects to grow up."

As the financial and physical needs of the hospital increased, fund-raising efforts intensified at all levels in the community. The Kaspare Cohn Hospital Club was busy hosting a number of affairs that cleared an "average of $100 each time."[22] Sewing supplies were donated by the Los Angeles Needle Guild, hospital garments were stitched by the Temple Sewing Circle and all manner of items, from jelly preserves to books and toys for hospitalized children, were gifted by the Hebrew Ladies Benevolent Society.

While these contributions helped to supplement day-to-day expenses, it was becoming obvious that substantial, long-range support would be necessary to keep the charity hospital solvent. The Hebrew Benevolent Society sprang into action and sent out an appeal for support. In addition, a large scale campaign was launched by the Kaspare Cohn Hospital Association to relocate the hospital outside of the city limits and to expand the facilities.

In the hospital's Annual Report of 1908, Max Newmark, president of the Kaspare Cohn Association, detailed the hospital's precarious financial situation and alluded to the challenge ahead: "...The Hospital has had an average year's work; we have taken in about 125 new cases and gave support 2,585 days to patients (sic). Our finances show a

balance on hand of $23.84 in the general fund, against $58.72 a year ago; we have in the Security Savings Bank a balance of $930.00 against $4,648.90 a year ago … we bought a Patients' Wheeling Chair at a cost of about $50, which is about the only improvement of consequence."[23]

But there was some good news for the future, as well. The Kaspare Cohn Association had managed to acquire a five-acre parcel for the construction of a new hospital, located east, just beyond the city limits on what is now known as Whittier Boulevard for $5,000. The site seemed ideal. Streetcar service came within blocks of the lot, arrangements could be made to supply electricity and gas, and the Janss Investment Company, located nearby, had agreed to pump sufficient water to supply the needs of the hospital.[24]

Even though the property had been paid for in full, including $250 for necessary improvements consisting of cement sidewalks, the actual groundbreaking for the new building was delayed for lack of building funds. Only $20,000 of the estimated $50,000 construction budget had been collected.[25] Given the shortfall, committees were formed to solicit subscriptions and, once again, the Jewish community's most generous benefactors – Kaspare Cohn, Harris Newmark, and David and Moses Hamburger – rose to the occasion.

In 1905, the Jewish Consumptive Relief Society began raising funds for a tuberculosis sanitarium in Duarte, the forerunner of City of Hope.

With reasonable certainty that their financial goals would be met, the association pushed ahead. The new Kaspare Cohn Hospital would serve as a general facility for medical, surgical and obstetric patients, as well as those afflicted with tuberculosis. Architectural drawings were prepared and, compared to the house on Carroll Avenue, the dimensions of the proposed 50-bed hospital were nothing less than grand.[26] The design called for a two-story building, 158 feet wide and 80 feet deep, with a lofty portico entrance flanked by imposing stone columns. Plans placed the single-story, 10-cot, 35 by 50 feet tubercular ward behind the main building at a healthy distance. Upon the hospital's completion, the red brick structure, dressed with artificial granite, promised to be an impressive edifice.

The ceremony commemorating the laying of the new hospital's cornerstone took place on a rainy Thanksgiving Day in 1909. As construction began, the original Carroll Avenue facility was as busy as ever. In March 1910, for example, 16 patients were cared for and several applicants had to be turned away. Four baby boys were born; a number of adult surgical cases were convalescing and five children were recovering, one from his third skin grafting operation. Another child's mother, Mrs. J. Kaplan, so appreciated the medical staff's performance that she provided "the hospital with noodles, very well made and much enjoyed.[27]

Just prior to the hospital's move to Whittier Boulevard, a number of personnel changes were announced. Dr. Vasen resigned from her position as resident physician and would later be replaced by Dr. Lulu H. Peters after the opening, Dr. Henry H. Lissner was added to the attending staff and Miss Blumenthal, R.N., was hired to head the new hospital's Training School for Nurses. Student recruitment was scheduled to begin immediately and Miss Blumenthal "hoped that Jewish girls [would] avail themselves of the opportunity."[28]

New fiscal arrangements were in the works, as well. In order to bolster the hospital's revenues based on monthly dues, the association sought to broaden its membership from 332 to 1,000. And for the first time since the hospital's inception eight years prior, a change in the by-laws was proposed. Speaking on behalf of the association, Max Newmark recommended "that patients able to pay partially may be admitted and pay for treatment as far as [they are] able to do so."[29]

Kaspare Cohn Hospital on Whittier Boulevard

Answering Growing Needs

The gala affair that marked the June 10, 1910, dedication of Kaspare Cohn Hospital on Whittier Boulevard signaled the end of one era and the ushering in of another. Much had changed since 1902. The Jewish community itself was becoming more diversified as more Eastern European immigrants came to the city. Secular life was organized around scores of newly formed organizations, such as the Educational Alliance and the Sinai Literary and Social Society. Religious congregations representing many shades of Jewish worship flourished, from the orthodox Talmud Torah (the "Breed Street Shul") to the reform Temple B'nai B'rith. And neighborhoods were beginning to take on the multicultural flavor of the immigrants who settled them.

Kaspare Cohn Hospital was coming into its own as Los Angeles' Jewish general hospital. Yet, those who participated in the dedication ceremonies reflected only the most well-established segment of the Jewish community's complex character. The program was formally opened with a musical program–a piano solo, then a quartet, followed by the Temple B'nai B'rith choir singing "God of Abraham, Praise." After an address by the hospital's chairman, S. M. Newmark, came an acrostic prayer led by Rabbi Isadore Myers of Congregation Sinai. Then, association president Max Newmark, Kaspare Cohn and Dr. Lazard offered their comments. Finally, Rabbi Hecht took the podium for the dedicatory speech. A patriotic rendition of "America" concluded the ceremonies.[30]

Perhaps an even better measure of the hospital's broad base of support can be traced through the extensive donations it had received. In addition to larger sums of money from prominent donors and new association members, several clubs and institutions had banded together to furnish specific hospital wards and hundreds of lesser known individuals had made smaller contributions, some as modest as a dollar. Yet, irrespective of the dollar amount or a person's social standing, each donor's name had been published in the *B'nai B'rith Messenger*. Beyond monetary gifts, there had also been an outpouring of material assistance of every imaginable description: a bundle of clothing, Mrs. H. Baruch; eider-down robes and fancy drug bottles, Mr. Ben Meyer; one dozen bath towels, Mrs. I. Brown; a baby carriage, Mrs. Karl Stern; 100 fly-taps, one dozen menthol pencils, Mr. A. B. Davidson; and two sacks of English walnuts, Mr. Max Newmark, are only a few examples.

The gala affair that marked the June 10, 1910, dedication of Kaspare Cohn Hospital on Whittier Boulevard signaled the end of one era and the ushering in of another.

The entire community had opened its pocketbook and heart to provide everything from operating gowns, sheets and slippers to newspaper and magazine subscriptions, flowers and linen tray covers. Sometimes the list of what was needed seemed endless, and so did the public solicitations. The following request made by superintendent Dr. Peters is a good example: "A sitting room is needed for our nurses. One could be made from one of the large front rooms now not in use. But we have no rugs, easy chairs, tables, etc. to spare. Possibly you are paying storage on just such furniture and we could save that expense."[31]

Much was lacking, expenses were mounting and money was tight. For the first time since its inception, the Kaspare Cohn Hospital was forced to apply for a $13,000 loan to cover the purchase of new furniture and overruns on construction and landscaping. Moreover, the facility's operating costs seemed to skyrocket overnight. By today's standards, the itemized expenses logged in the hospital's 1911 Annual Report seem a mere pittance. But back then, they were cause for concern.[32]

By the beginning of 1912, the financial status of the new hospital had improved, but the situation was far from resolved. Solvency would take time. So the association pressed on, recruiting even more new dues-paying members to their ranks. Ben Meyer (vice president of the association, future president of Union Bank and Cedars of Lebanon Hospital, and Kaspare Cohn's son-in-law) and Sam Behrendt were particularly successful in boosting association revenues from $6,000 to $10,000. Then, an unexpected reprieve. In a most "magnificent" gesture, Kaspare Cohn paid off a substantial portion of the hospital's indebtedness.

Nevertheless, a growing operational deficit remained and it was at this crucial juncture that Kaspare Cohn Hospital became "a parcel" of the newly formed Federation of Jewish Charities.[33] From the association's point of view, joining an umbrella organization that made a singular and comprehensive charitable appeal to the entire community made long-term sense. First, contributors, petitioned by scores of worthy causes, could make one lump donation instead of many, smaller ones. Second, the federation could plan and coordinate charitable efforts on a community, rather than piece-meal basis. And finally, each charity, freed from the task of constant fund-raising, could redirect the total sum of their resources to their work.[34, 35] The benefits of membership were too numerous to pass up and the hospital became a constituent member.

Meanwhile, even in light of the budgetary uncertainties, improvements to the hospital continued, fueled mostly by the Jewish community's unflagging determination. When the hospital decided it needed a hen house in order to have fresh eggs and chickens for Sunday dinner, 50 laying hens were donated. When the hospital was lacking seeds for its vegetable garden or groceries for patients' meals, the goods were promptly delivered. When Dr. Peters requested "dark scarlet geraniums" to beautify the grounds and walkways, flats of flowers arrived on the hospital's doorstep.

Progress was slow, but steady. Steady enough so that after a tour of the prestigious Mt. Sinai Hospital in New York, Max Newmark publicly concluded that Kaspare Cohn Hospital compared every bit as favorably.[36]

However, all this forward movement was nearly undone when tragedy struck on July 3, 1912. A fire destroyed a planing mill adjoining the hospital property and burning embers were blown onto the hospital roof, threatening the building and patients alike. Dr. Peters, who was an eye witness, described the unnerving scene in the following words: "The nearest fire hose in the upper hall was carried through the attic to the roof and for two hours or longer a steady stream of water lessened the danger. All of the hospital staff worked at fever heat, the nurses quieting the fears of the patients, assorting babies and giving them to their excited mothers, reviving one fainting sister..." [37] In the end, aside from some charred flower beds and hedges, only the hospital ceiling was damaged. Fortunately, no one had been injured. A potential disaster had been averted and the hospital returned to normal within days.

The entire community had opened its pocketbook and heart to provide everything from operating gowns, sheets and slippers to newspaper and magazine subscriptions, flowers and linen tray covers.

When the hospital statistics for 1912 were compiled, the results were noteworthy. Care had been provided to 329 patients, 125 of whom were male, 202, female. Of the new cases for that year 53 were surgical, 63 obstetrical, and 211 medical. Total deaths numbered 18; total births, 18. Tubercular patients accounted for 35 of the total hospital population and deaths from the latter came to seven. The total tally of treatment days was 7,935, the average stay per patient peaked at 23.20 days and the average number of patients per day was 21.68.[38]

The credit for this impressive showing belonged to the doctors and the hospital staff whose skills were comprehensive. Drs. Tyroler and Edelman were surgeons, Dr. Lazard specialized in obstetrics and gynecology, and Dr. Lissner was an internist. Taking time from their busy private practices, each served the hospital on three month rotations. Dr. Peters, the only full-time resident physician, attended the maternity cases. Her resignation in 1913 created such a gap in services that the remaining medical staff considered retaining an intern to fill her critical post.[39]

Beyond these scanty details, information pertaining to the doctors' daily medical activities is totally lacking. With no surviving hospital records to consult, virtually nothing is known about the medical facilities, patient case histories or treatment protocols specific to Kaspare Cohn Hospital. But that which is documented indicates that the founding doctors were involved personally as well as professionally in the hospital. For them, Kaspare Cohn Hospital wasn't just another medical facility, it was a place where they could express pride in their Jewish identity. At a fund-raising function, Dr. Edelman emphasized this common bond when he made his appeal and commented, "...you'll be glad in your hearts that Jewish money and Jewish brains and Jewish skill and ability are working together to produce a monument, the builders and supporters of which, men and women yet unborn shall, in the years to come, call benefactors of the human race."[40]

Even in light of the budgetary uncertainties, improvements to the hospital continued, fueled mostly by the Jewish community's unflagging determination.

The intimate atmosphere at Kaspare Cohn Hospital was also a place for the doctors to celebrate the human side of medicine. Occasionally, Drs. Edelman and Tyroler took groups of hospitalized children on "automobile outings." Some of these "entertainment days" culminated in a dinner hosted by Dr. Tyroler and his family. On other occasions, the doctors and their wives treated the nurses and children to candy, provided booties, toys and cribs to the nursery, and made sure that fresh flowers graced the hospital halls. Clearly, they were as deeply interested in the life of the institution, as they were in the well-being of their patients.

While the doctors and staff devoted hours to caring for patients, the Kaspare Cohn Hospital Association worked diligently to secure the facility's financial standing. At their annual meeting in 1913, one of many heavy weights was lifted from their shoulders when Max Newmark excitedly announced: "the institution is finally free from debt!"[41] A combination of two events had triggered the turnaround. First, the Carroll Avenue house had sold for $3,300. Then, quite unexpectedly, Kaspare Cohn had come forward with another unsolicited gift, this time for the amount of $5,300, effectively putting the hospital in the black. The contribution came with a stern injunction: The hospital was to remain debt-free. In compliance with Kaspare Cohn's wish, the association resolved that no future hospital improvements be made unless the necessary funds were in hand. Other encouraging fiscal news followed. The first federation disbursement had been received and this lump sum was being used to defray a sizable portion of the hospital's expenses. In turn, and as agreed, revenues from the small number of paying patients, amounting to more than $2,500, were plowed back into the federation's coffers. All was evidence that the reciprocal arrangement was workable and mutually beneficial.

Kaspare Cohn Hospital was firmly on its financial feet with the hospital property valued at upwards of $100,000 and equipment that was

Kaspare Cohn Hospital
Annual Report 1911

Receipts

Dues	$6,586.10
Donations	523.00
Pay Patients	755.00
Rec'd Merchants Nat. Bank	2,500.00
Total Receipts	10,364.10
Bal. on hand 1/1/10	105.66

Disbursements

For Foods	$ 1,839.16
For Medical Supplies	516.20
For Fuel and Light	485.57
For Laundry	602.01
For Equipment and Household Supplies	2,973.07
For Incidental Expenses, for Vegetables & Transient Help, Defrayed by Supt.	503.76
Repairs	13.60
For Ptg. & Stationary	79.95
For General Expenses	447.29
TOTAL RECEIPTS	$10,469.76
TOTAL DISBURSEMENTS	$10,447.31
Balance on hand	$ 22.45

Nursing staff at Kaspare Cohn Hospital

"the most modern in every respect."[42] To have reached these goals in little more than a decade was truly a testament to Jewish philanthropy and the community had every right to feel proud. But as World War I began to rage in Europe (1914-1918), the charitable focus began to shift from local needs to overseas relief. According to one source, Los Angeles Jews contributed approximately $40,000 to war victims in 1916 alone.[43] While this effort alleviated much suffering abroad, it seriously impacted contributions at home and many institutions were forced to tighten their belts or call upon one another for help. That same year, the hospital forfeited $600 of its $15,000 federation disbursement to another constituent member who was "sorely in need."[45]

As World War I began to rage in Europe, the charitable focus began to shift from local needs to overseas relief. While this effort alleviated much suffering abroad, it seriously impacted contributions at home and many institutions were forced to tighten their belts or call upon one another for help.

Although the hospital was staying within its proscribed allotment and could afford to be generous for the moment, it was simply a matter of time until it, too, would be affected by dwindling support. Kaspare Cohn Hospital was now serving a population of 20,000 Jews and hospital services were barely keeping up with the need. In order to provide more comprehensive care, the hospital medical board, headed by Dr. Tyroler, recommended that new staff be added. The board of directors agreed and three "younger men," Drs. Caesar G. Cahen, Herman Sugarman and Oscar Reiss, were invited to join the founding doctors on the regular service. In addition, three specialists were brought on board: Drs. A. Herman Zeiler, a pathologist; L. Hart, a dermatologist; and Frank E. Detling, an eye, ear, nose and throat doctor.[44] Equipment upgrades were also made, including a new X-ray machine, and necessary building repairs. Yet, even these modest expenditures put strains on the already limited budget.

Clearly, maintaining an up-to-date hospital exclusively for charity cases would take more funds than were available. One answer was to amend the hospital charter and make it attractive to more paying patients. Several proposals were made in this regard at the association's 1916 annual meeting where the debate that ensued was polite, but passionate. At the time these discussions were taking place, the first floor of the hospital was used exclusively for nurses quarters and administrative offices. Patients were housed on the second floor; tubercular cases in the isolation cottage. In order to make the hospital more efficient and profitable, Dr. Tyroler suggested that the entire building be given over to the general sick, with pay-patients and non-paying patients segregated by floor. According to his plan, tubercular patients could be transferred to Duarte or other facilities and their ward converted to a residence for nurses. Max Newmark agreed in principle, but opposed doing away with the tubercular wards on the basis that it violated the original mandate of the hospital. He preferred creating more space for pay-patients by building a nurses' home on the hospital grounds when funds became available or finding them lodgings in nearby apartments.

No decision was reached on this matter until two years later, in 1918. By then, there had been a significant changing of the guard. Kaspare Cohn, the hospital's principal benefactor, had died in 1916 and Ben Meyer, following the resignation of Max Newmark, was elected its president. He inaugurated his term by taking immediate actions and sponsoring bold initiatives, many at his own personal

Most important, no one was refused treatment or denied extended care because they lacked the ability to pay.

expense, that would put the hospital on its new course. An article in the Feb. 22, 1918, issue of the *B'nai B'rith Messenger* lauded Meyer's fervor: "...he set to work at once, increased the capacity [of the hospital] to more than double, refurnished same, opened a Nurses' Home, painted the entire inside of the building, put in new kitchen outfit, added linens and placed an elevator in the building." These renovations were just the beginning. Ben Meyer's charismatic leadership was to have far-reaching implications for the hospital's evolution.

In November 1919, the Federation of Jewish Charities opened The Jewish Dispensary of Los Angeles, located at 246 Bunker Street, with the specific intention of giving "the poor Jewish people of this community a chance to secure expert medical attention free or at a nominal cost of 10 cents per visit, by physicians of their own race ... without requiring the aid of an interpreter, which is often found embarrassing."[45] This public clinic, operated under the medical auspices of Kaspare Cohn Hospital, was organized into six departments: General Medical; Eye, Ear, Nose and Throat; Minor Surgery; Children; Skin; and Women's.

Significantly, the dispensary offered more than just charity aid. An attempt was made to provide integrated, social welfare to those in need. Not only were Clinic patients requiring hospitalization referred directly to Kaspare Cohn Hospital, they were eligible for clinic follow-up upon their release or assigned to a special nurse who made home visits. Most important, no one was refused treatment or denied extended care because they lacked the ability to pay.

But even the limits of these facilities became frightfully apparent when "The Great Influenza Epidemic" swept over the United States from 1918 to 1920. According to the Census Bureau statistics, more than one million people died of the disease in the United States alone. Nationwide, the epidemic taxed hospitals to the breaking point and it wasn't long before the "flu" spread to Los Angeles. One local observer described the grim consequences this way, "Schools closed their doors, churches suspended services, citizens not affected barricaded themselves in their homes while victims crowded into hospitals and clinics. Doctors and nurses worked round the clock."[46]

Kaspare Cohn Hospital was hard hit by the epidemic as well. Wards were filled to capacity and the staff was pushed passed the point of exhaustion. Graver still, the hospital was forced to temporarily suspend operations following the death of its superintendent, Miss Netti Sher, and several nurses. Shaken but undaunted, head nurse Miss Pauline Sharp and her resolute staff rose to the occasion. Kaspare Cohn Hospital reopened a few days later, never to close its doors again.[47]

The years 1902 through 1920 had been a period of tireless fund-raising, collective largess and personal sacrifice. With no less than absolute commitment on the part of the Jewish community, the vision first proposed by the Hebrew Benevolent Society had been not only realized, but surpassed: Los Angeles possessed a well-respected, well-run Jewish general hospital and a full-scale charity clinic. Still, the dire need for an even broader network of health services couldn't be denied. From 1920 through 1930, new dreams would take shape. The Kaspare Cohn Hospital would evolve into the formidable Cedars of Lebanon Hospital. And a modest hospice in Boyle Heights, founded independently by the Bikur Cholim Society for victims of the influenza epidemic, would become the forerunner to Mt. Sinai Hospital.

The end of World War 1 benefitted hospital contributors

The Los Angeles Times

SUNDAY MORNING VOL. XXXVII OCTOBER 13, 1918.

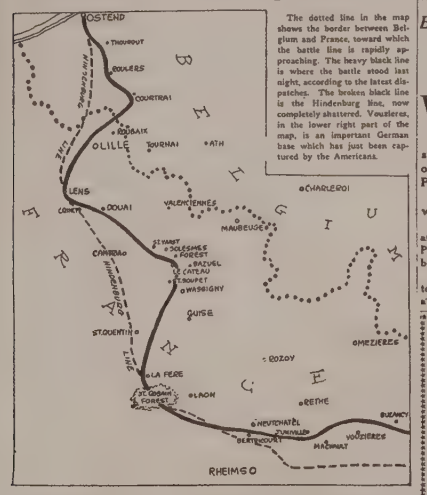
Liberty Under Law—Equal Rights—True Industrial Freedom

GERMANY THROWS UP HER HANDS

WASHINGTON, Oct. 12—(Official Associated Press Bulletin.)—The German government in its reply to the recent note sent by President Wilson, accepts the terms laid down by the President in his address of January 8 and subsequent addresses.

Anglo-Americans Hurl Enemy Back of Valenciennes Defenses.

Where Allies are Fast Drawing in Fatal Circle



The dotted line in the map shows the border between Belgium and France, toward which the battle line is rapidly approaching. The heavy black line is where the battle stood last night, according to the latest dispatches. The broken black line is the Hindenburg line, now completely shattered. Vouziers, in the lower right part of the map, is an important German base which has just been captured by the Americans.

DOUAI'S FALL NEAR; HAIG MILE OFF

[BY ATLANTIC CABLE AND A. P.]

BRITISH HEADQUARTERS IN FRANCE, Oct. 12.—(Reuters.)—British advance posts now have been pushed to within little more than a mile of the outskirts of Douai. The advance from here has to be very cautious, however, as many ground mines have been encountered and there is good reason to believe the town itself is honeycombed with death traps.

THE DAY'S NEWS SUMMED UP

OCTOBER 13, 1918.

THE SKY. Clear. Wind at 3 p.m., northwest; velocity, 18 miles. Thermometer, highest, 81 deg.; lowest, 52 deg. Forecast: Sunday fair. For complete weather data see last page of this section.

THE CITY. New and still more rigid anti-influenza regulations were promulgated by the Health Advisory Committee. Nine more deaths, indirectly due to the malady, and 171 new cases were reported.

Louis M. Shaw, former Secretary of the Treasury, was notified by cable of the death from pneumonia of his daughter, Miss Irma Shaw, on her way to France for Red Cross work.

The whole city turned out to aid the Liberty Loan Committee roll up a big total for Liberty Day.

Miss Charlotte Sibley, prominent in society, was married to an army man, but not the one to whom her engagement was recently announced.

SOUTHERN CALIFORNIA. Sixteen men from Fresno County, recently at Presidio Training Camp, offered army commissions.

Nelson gas bag breaks at altitude of 3000 feet. Cadet drops and lands practically uninjured.

PACIFIC SLOPE. State Council of Defense plans to stop waste of labor in production of coal, oil or in increase production of crops.

Three celebrations held at Casa Loma Liberty Day in local Fourth Liberty Loan drive. Details from dinners declined. Ten soldiers go to West Point.

Ten thousand workers will distribute more food regulation cards to California homes beginning Monday, October 28.

GENERAL KANEKIN, Galician famed fighter except Lake Superior district, signing out bonds, farms, Duluth merchants and lumber docks.

President Wilson exceeded greatest ovation ever given President of United States on his lands Liberty Day hard parade in New York.

Secretary McAdoo appeals in rich and poor of nation to make supreme effort to make Liberty Loan success. Declares area of honor calls money needed to get our soldiers back.

Thousands of Americans and many others are injured in street battle between negroes and whites in Brooklyn.

WASHINGTON. Liberty Day celebrations throughout country swept unprecedented millions in Liberty Loans. Estimated last night that half required amount now subscribed. Twelfth district now has $166 over 25 per cent. of quota.

Influenza is spreading on Pacific Coast, and in Middle West, particularly in Illinois. Conventions of theatrical owners urged by Surgeon-General.

Cantonments gains of ground were made by the British last night northeast of Cambrai. Four Hindenburg villages in hands of Australians. The enemy has dug in and moved his positions and his artillery was displayed to advance the British progress.

At one or two points the British infantry has fallen back a little to give its batteries a clear field to send with the stiffened enemy resistance.

Germans apparently are gnawing extensive preparations for the intentions of the British in Flanders. This is indicated by the numbers of new gun emplacements which they have put in reconstructing work and constructing field aid along the line.

WITH THE BRITISH ARMY IN FRANCE, Friday, Oct. 11.—The enemy today began an attempt to show up the Anglo-American advance on the Cambrai front, but the British have driven back the enemy in the Le Cateau region, and the Germans seem to have been dislodged in fierceness along the line of the high ground some 3000 to 4000 yards east of the river which already has been crossed by the British and Americans at several places. Apparently the Germans intend to make a stand here.

In the battle all of today's operations have been devoted to clearing the enemy from the east bank, a form footing on the east bank. There has been sharp machine-gun fighting and the Germans have poured a heavy fire on the west bank of the river.

As soon as the Americans and the cavalry entered St. Benin south of Le Cateau, they came under a heavy fire from the Germans concentration.

(Continued on Second Page.)

ENEMY SAYS HE ACCEPTS OUR PEACE TERMS.

Berlin Declares Willingness to Evacuate Invaded Territory as Prerequisite to Ending the War and, Further, that this Proffer Represents Both German People and German Government.

[BY A. P. NIGHT WIRE.]

WASHINGTON, Oct. 12.—The German government, in its reply to the recent note sent by President Wilson, accepts the terms laid down by the President in his address of January 8 and subsequent addresses. The text of the German reply was received tonight.

In answer to the inquiry of President Wilson, the note says that the "responsibility for this step toward peace has been formed by conferences and in agreement with the great majority of the Reichstag." The Chancellor says he speaks for the German people, and he asks the President to secure the appointment of a mixed commission to arrange for evacuation.

The official text of the German note had not been received here at a late hour tonight. It was announced there would be no official comment, at least until it arrived.

Germany's reply to President Wilson's inquiry, intercepted as it was being sent by the great wireless towers at Nauen and forwarded here tonight in an official dispatch from France, declares Germany is ready to accept President Wilson's peace terms, evacuate the invaded territory as a prerequisite to an armistice, and that the bid for peace represents the German people as well as the government.

Although on its face the text of the German note seems to be a complete acceptance of President Wilson's terms, the people of the United States and the Allied countries should be cautioned against accepting it as such. A compliance of the President's demands as will mean immediate cessation of hostilities.

A wireless dispatch sent out from Nauen, the great German wireless station, picked up and forwarded to official diplomatic sources here tonight, purports to give the text of Germany's answer to President Wilson's inquiry to Chancellor Maximilian on Germany's peace proposal. On its face it seems a complete acceptance of President Wilson's terms.

HERE IS TEXT OF GERMAN REPLY—IT SPEAKS FOR ITSELF.

In reply to the question of the President of the United States of America, the German government hereby declares:

The German government has accepted the terms laid down by President Wilson in his address of January 8 and in his subsequent addresses on the foundation of a permanent peace of justice. Consequently, its object in entering into discussions would be only to agree upon practical details of the application of these terms. The German government believes that the governments of the powers associated with the government of the United States also take the position taken by President Wilson in his address. The German government, in accordance with the Austro-Hungarian government, for the purpose of bringing about an armistice, declares itself ready to comply with the propositions of the President in regard to evacuation.

The German government suggests that the President may occasion the meeting of a mixed commission for making the necessary arrangements concerning the evacuation. The present German government, which has undertaken the responsibility for this step toward peace, has been formed by conferences and in agreement with the great majority of the Reichstag. The Chancellor, supported in all of his actions by the will of this majority, speaks in the name of the German government and of the German people.

BERLIN, Oct. 12, 1918.
[Signed] SOLF,
State Secretary of Foreign Office.

As President Wilson was in New York today and reserved comment on the note, his views cannot be stated now, and none of his official family here in Washington cared to speak for him.

(Continued on Sixth Page.)

UNCONDITIONAL SURRENDER SURE.

McAdoo Declares Men's Bright of Authority, is Dust and Nothing Else.

[BY A. P. NIGHT WIRE.]

CHICAGO, Oct. 12.—The text of Germany's reply to President Wilson's inquiry was communicated by the Associated Press tonight to William G. McAdoo, Secretary of the Treasury, just before he delivered a Liberty Loan address at a crowded mass meeting.

Mr. McAdoo said the sentence the text of the reply and added:

"What the government demands, based on President Wilson's messages and speeches, is unconditional surrender, and if the text of this reply is authentic it means just that."

OFFICIAL REPORTS

SUMMARIES BY WAR OFFICES.

[BY ATLANTIC CABLE AND A. P.]

LONDON, Oct. 12.—British forces advancing east of Lens have captured several villages of importance, Field Marshal Haig reports in his official statement tonight.

The text of the statement says:

"There was local fighting today along the line of Sette River between Le Cateau and Solesmes. Northeast of Solesmes steady progress has been made throughout the day toward the valley of the Selle.

"Our enemy rear guards have been driven out of the villages of Le Cateau, Reumont, Troisvilles, Clercfontaine and Montay-le-Sec. Further south we cleared the west bank of the Sensee Canal at Arleux and Corbehem, both of which villages are in our possession. We are closely approaching the line of the canal west of Douai.

"In the sector east of Lens we captured Montigny, Harnes and Carvin. Further south, in the Oise River area, local fighting in the course of which we inflicted numerous casualties on the German rear guards and took prisoners."

PARIS, Friday, Oct. 11.—The official communication of the eastern theater describing operations of October 10, says:

"Despite the very bad weather the Allied armies resisting their enemies today made progress. The British, Forces are in contact with the retiring German forces, including rear-

(Continued on Sixth Page.)

GERMAN REPLY READ TO ARMY.

Haig Warns Troops not to Allow Peace Reports to Destroy Victory.

[BY ATLANTIC CABLE AND A. P.]

AMERICAN ARMY HEADQUARTERS IN FRANCE, Oct. 12, 10 p.m.—Germany's reply to President Wilson's note was received by wireless at army headquarters tonight. It was not communicated to the fighting lines until much later.

LONDON, Oct. 13 (via Montreal).—Field Marshal Haig on October 7 issued an army order calling attention of his officers and men to the circulation of false rumors to the effect that peace was at hand with the evident object of disheartening the troops and diverting them from the great task of overthrowing their enemies.

Field Marshal Haig urged the troops to realize now more than ever that it was necessary to concentrate their energies upon the great goal all hoped for, namely, the elimination of the once future of a decisive and happy result.

[BY A. P. DAY WIRE.]

WASHINGTON, Oct. 12.—The War Department announced today that Allen Hauser of Laurel, Cal., is in the German prison camp at Stuttgart.

[BY ATLANTIC CABLE AND A. P.]

SAN SEBASTIAN, Friday, Oct. 11.—(Press Bureau of the Spanish Parliament will meet on October 22 and continue.

RETIRE ON BIG SCALE.

Huns Driven from Vast Area.

Explosions in Germans' Rear Indicate Continued Retreats.

Allies Capture the Largest Ammunition Dump Ever Taken in War.

[BY ATLANTIC CABLE AND A. P.]

WITH THE ANGLO-AMERICAN FORCES ON THE VALENCIENNES FRONT, Oct. 12, 11 a.m.—The British again attacked southeast of Douai this morning, stormed and took Brieres and poured through to the eastward. They are now within slightly more than a mile of Douai itself. A stiff rear-guard resistance by enemy machine gunners is being overcome.

WITH THE ANGLO-AMERICAN FORCES ON THE VALENCIENNES FRONT, Oct. 12.—Southeast the beginning of the present operations the Americans have captured 2000 officers and 1000 men and since joining the British defining forces they have secured 3000 prisoners and 50 cannon.

There was every evidence today that the Germans were preparing to make a strong stand on the Valenciennes line, which now has been reached, east of the River Selle, by the Anglo-American forces.

The evacuation of the city of Valenciennes itself was started three weeks ago. Prisoners captured today said they had orders to hold on to the last and to kill as many Belgians and Americans as possible.

It is expected the German resistance will continue and will grow more determined until the first phase of the withdrawal to the Duval sector is completed. There are indications that the enemy aims to maintain a stiff resistance to the Selle River, on the high ground south of Bermerain, along the high ground east of the River Selle, east of Le Cateau to Martin, thence east of Andigny, west of Newvionch, through the Preserve wood and thence generally southeast to Vendegroort on the Oise.

It is obvious that this is only a temporary line, as preparations are in progress east of it. It is known that the military offices that were formerly in Le Cateau have moved to Maubeuge and Chartieret and guns have been seen moved back to the east.

Douai and Douai have been several fires, which in Douai and in the northern and northern outskirts of Lille explosions and fires have been observed. Villages northeast of Douai are burning, including Mallaing, Roeulx, Pecquencourt and Marce.

Notwithstanding the Germans having adopted a defensive line, the allies by the British and American are continuing

WOULD OUST KAISER FOR PEACE.

[BY ATLANTIC CABLE AND A. P.]

PARIS, Oct. 12.—The tendency is remarked in certain German circles, says a dispatch from Geneva to the Temps to represent the eventual fall of Emperor William as a condition which the Germans would be disposed to allow to the Allies if they demanded it.

Such talk appears, above all, the message adds, to be an attempt to bring about an event which many Germans judge to be inevitable and even desirable.

ZURICH (Switzerland) Oct. 12. Neutral travelers arriving here from Germany report that rumors that Emperor William may abdicate appear to take greater consistency day by day. The arrivals add that the impopularity of the German Crown Prince has considerably increased in Germany.

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2

The Founding of The Mt. Sinai Home for the Incurables

1918-1930

The Mt. Sinai Home for the Incurables in the early 1920s

New Dreams in the Making

In his 1921 annual address to the members of the Federation of Jewish Charities, George Mosbacher, president, expressed the aspirations of many when he mused, half-seriously, "How we wish that we could move the hospital nearer the center of the city and could build a big, modern structure to accommodate both rich and poor, so we could compete with the best in town and turn our present site into a convalescent home. But I am only dreaming...".[1]

Naturally, no one, not even Mosbacher, could predict that within a decade the dream of a larger Kaspare Cohn Hospital would become a reality. Nor could anyone foresee the rise of a second Jewish hospital, the Mt. Sinai Home for the Incurables, later to become Mt. Sinai Home for the Chronic Invalids, and finally Mt. Sinai Hospital. But one thing was certain in most people's minds: California's future was bright and just about anything was possible.

During the "boom years" of the 1920s, more than 200,000 people poured into the state – 72 percent of them settling in the Southland.[2] As a result, not only was the city of Los Angeles transformed, so was its Jewish community. From 1918 to the end of the boom in 1927, the number of Jewish residents more than tripled, climbing from approximately 20,000 to 65,000.[3] Unlike the wave of Eastern European immigrants prior to World War I, these newcomers were generally first-generation American-born Jews or "acculturated European immigrants."[4] Many were lured to California by the promise of success and were financially prepared to take advantage of what seemed like unlimited opportunities.

Los Angeles' burgeoning Jewish population began to move out of downtown into two major residential areas: east across the Los Angeles River to Boyle Heights and nearby City Terrace, and west to the Fairfax, Hollywood and West Adams vicinities. Each of these enclaves developed its own unique character. The Eastside was roughly characterized as the center for Yiddish, Orthodox, working-class immigrants; the Westside, as home to the more acculturated, affluent older settlers.[5]

Boyle Heights thrived as a Jewish neighborhood, alive with the sights and sounds of the Old World mingling with the New World. Bustling Brooklyn

Avenue, its main street, was lined with "stores where Jews bought and sold, Yiddish was freely used, and Saturdays and Jewish holidays were marked by festive appearances and many closed businesses." [6] Charitable causes abounded and the tenor of fund raising differed markedly from that of the more established Jews who had dominated Los Angeles Jewish charity from the beginning. Whereas the latter emphasized genteel, quiet solicitation, the former relied more heavily on communal and persistent appeals, in keeping with the tradition of frequent almsgiving.[7]

In some respects, the tandem campaigns to found the Mt. Sinai Home for the Incurables and the appeal to establish a new Kaspare Cohn Hospital paralleled the growth of these two distinct communities and mirrored the socio-economic differences that divided them. But while the supporters of these two institutions shared neither social alliances nor philanthropic styles, both groups believed deeply in the enduring value of *tzedakah* – the driving force that made impossible dreams come true.

Los Angeles' Second Jewish Hospital

In traditional Jewish communities, those who are poor and ailing are often served by the Bikur Cholim Society, which, literally translated from the Hebrew, means: "to visit the sick." Its members provide all manner of moral and material support to the stricken – everything from encouraging words of comfort to money for doctor visits and medicines to practical necessities such as bed linens or sick clothes. Los Angeles Bikur Cholim Society was no exception.

Founded by Charles Groman, the Bikur Cholim began by sheltering one needy patient in a two-room bungalow during the 1918 influenza epidemic.[8] Groman and his associates were men and women with a vision – even under these modest circumstances, plans for what was to become the forerunner of Mt. Sinai Hospital were taking shape. Less than a year after its inception, Bikur Cholim was laying the groundwork to build a hospital. The public was first made aware of these ambitious intentions through a brief announcement

Charles Groman, founder of the Bikur Cholim Society

placed in the July 25, 1919, edition of the *B'nai B'rith Messenger*. The back-page notice stated: *"...the First Annual Bikur Cholim Society Picnic will be given at the Selig Zoo Park and the proceeds will be used for the purpose of building a hospital. There will be refreshments, games and dancing, both during the day and evening. The Bush Jazz orchestra has been engaged for the occasion and all are promised a good time. The tickets are only 25 cents and you will be helping a worthy cause along."*

The picnic must have been a resounding success, because the original bungalow was soon replaced by a nine-room frame house situated on a five-and-one-half acre piece of land in Belvedere. Eight patients were cared for: seven men and one woman.[9] Small as it was, the already-incorporated Bikur Cholim Hospital elected a president, Mr. J. Cantor, in November 1921, and set itself the task of drawing support from the wide spectrum of Jewish organizations based in the Boyle Heights area.

Around the same time, the Society for a New Jewish Hospital was formed by a group of Jewish physicians. Among them: Drs. Henry Herbert (who, according to a few sources, was a founding doctor of Kaspare Cohn Hospital), Maurice Kahn, Harry Jacobson, Henry Leviton, Nahum Kavinoky, Abraham Gottlieb and Mr. Rosenbaum.[10] They, too, were seeking to establish a new hospital, provisionally

called Mt. Sinai, and were also appealing to various community associations for help. So as not to work at cross purposes, the Bikur Cholim Society and the Society for a New Jewish Hospital affiliated in January 1922 and, with Bikur Cholim's working fund of $20,000, the prospects of achieving their common goal looked good.[11] News of their joint plans quickly sparked interest in the community. By May, women's groups, meeting under the name of the Hollywood and Wilshire Ladies Auxiliary of Mt. Sinai Hospital, were abuzz, recruiting membership at a reasonable one dollar per year "so that none would be prohibited."

However, by fall of 1922, the future of the newly forged alliance was threatened. Unable to meet its property taxes, the Bikur Cholim Society was faced with the very real possibility of losing its land. The leadership called an emergency meeting of supporters to discuss possible solutions and by evening's end, a new board of directors, consisting of 11 women and six men, had been appointed and a committee elected to investigate the problem. Whatever happened to the working fund never became public record and remains a mystery, but Bikur Cholim's new president, William Raab, cautioned that until the matter was resolved, "No money should be given to any collector for this society until further notice." [12]

Fortunately, Bikur Cholim's setback scarcely affected the momentum of the Mt. Sinai Hospital Organization, as the Society for a New Jewish Hospital now called itself. Audiences were eager to hear the Mt. Sinai message and membership in the women's auxiliaries soared. These gatherings quickly outgrew private residences and were moved to larger quarters, such as the Men's Grill Room at the Broadway department store. Proceeds from auxiliary food sales, card parties, auctions and first annual ball, held March 17, 1923, at the Alexandria Hotel, steadily increased.

All the while, the organization was considering several building sites near the center of the city, but still had an eye on the Bikur Cholim Society acreage located on Bonnie Beach Place. To confuse matters even further, the parcel had been sold in a last-ditch effort to pay off outstanding back taxes, but then was subsequently redeemed with a $300 donation by the Ladies Auxiliary of Temple Street. With the property back in its hands, Bikur Cholim again solicited community advice about what should be done with the land. Odd Fellows Hall was the scene of the lively debate, with the Jewish Mothers Alliance and Dr. Herbert, on behalf of Mt. Sinai Hospital Organization, lobbying for its use. But after much public discussion, the majority of those present endorsed Bikur Cholim's right to maintain sole control over its holdings and so it was. [13]

By late 1923, the new Home for the Incurables was ready for dedication.

Encouraged by the vote of confidence, the Bikur Cholim Society wasted no time renewing their credibility and commitment to caring for the indigent sick. The first order of business was to make much-needed repairs and modifications to the existing hospice. It is likely that contributions from the Mt. Sinai Hospital Organization helped finance the project and by late 1923, the new Home for the Incurables was ready for dedication. Superior Court Judge Harry A. Hollzer, the widely respected community leader, presided over the ceremonies.[14] A dormitory had been added to the frame house so that approximately two dozen "inmates" could be served. Still, beds were limited and many on the waiting list had to be turned away.

Throughout, the Mt. Sinai Hospital Organization pursued its long-term objectives: to establish a "scientific and benevolent non-sectarian hospital."[15] Much of the organization's determination to found an independent facility was driven by a growing rift in the Jewish medical community. The question of open access to Kaspare Cohn Hospital was first described in an article titled "Effort to Harmonize Medical Factions," featured in the Oct. 10, 1924, issue of the *B'nai B'rith Messenger*. It seems that several physicians belonging to the Mt. Sinai

Hospital Organization openly protested their exclusion from the Kaspare Cohn Hospital staff and were seeking to secure privileges for themselves and others when the new Kaspare Cohn Hospital was built.

Drs. Nahum Kavinoky and Aaron J. Rosanoff, representatives of "the outs," as they labeled themselves, met with Drs. Tyroler and Lazard in the offices of the federation's director, Dr. Bogen. Twelve physicians asked to be admitted to the attending staff and a request made to elect one of their number to the existing executive board of Kaspare Cohn Hospital.[16] A good-will agreement was drawn up stating that "efforts are now being made to unify all physicians eligible to bring their patients to the Jewish hospital." But, facts indicate that "the outs" weren't entirely satisfied with the promise for parity. Shortly after the accord was made public, the Mt. Sinai Hospital Organization held a "monster mass meeting" to inform the community of its plans to build a modern dispensary and maternity hospital. Throughout 1924 and 1925, its auxiliaries enthusiastically sponsored an unending stream of successful concerts, linen showers, fetes and charity balls to realize the dream.

Whereas the Mt. Sinai Hospital Organization was training its sites on the future, The Home for the Incurables struggled to keep what they had achieved operational. By the summer of 1925, the Home appeared to be on the brink of closure and an emergency benefit concert was staged at the Ocean Park Auditorium. The Jewish press actively petitioned the community for assistance with the following call to action: *"Who will respond to this appeal for so small a fund designed to relieve suffering within our own province. Los Angeles has given aid to the sufferers of Europe. This suffering is just outside our door. It is hoped that before another week has passed [that] the small sum of $5,000 will have been placed in the hands of the officials of this Incurables Home that the sad derelicts there may rest as comfortably as may be when home, and friends, and health are gone."*[17]

The publicity did the trick. Less than a week later, the Home for the Incurables was paid official visits by the Federation of Jewish Welfare, the Social Service Commission and the newly formed Community Chest Organization. Shortly thereafter, it was licensed by the Los Angeles Public Welfare Commission and commended for its good work.[18,19] According to the Home's 1925 Annual Report, the 21-bed hospice had cared for a total of 35 patients, ranging in ages from 17 to 70. Over the course of that year, Dr. Louis Levin, medical director, announced that Dr. Robert Kirshner, a dentist, and Dr. Lou Hirsh, an oculist, would be joining the Home's attending staff.[20] The modest institution was equipped with "good linens, equipment and sanitary appliances," held cash assets of $922.74, and owned land valued at $15,000.[21] Still, more beds were "sorely needed" and the Board outlined plans to construct a bigger and better building by the end of 1926.

From its beginning, the Home for the Incurables had relied on a complex tapestry of support from individuals, religious organizations and secular associations. The question of the hour was this: Would these same loyal supporters rally behind a $25,000 building campaign? The answer was soon forthcoming. After 1,000 guests attended the Home for the Incurables First Annual Charity Ball in December 1925, there was reason for hope. By Feb. 21, 1926, architectural plans for a new facility on the same site were unveiled; construction was to begin immediately.

So was more fund raising. Community groups such as the Sisters of the Sick, Consumers Educational League, Hollywood Helpers, Winnipeg Society, Workmens' Circle No. 655, Warsaw Verein, William Penn Club, Hawks Athletic Club and the Ladies Auxiliaries of the Congregation Etz Chayum and Talmud Torah staged a blitz of picnics, dances and luncheons.[22] A staggering array of entertainment highlighted the events: the National Vaudeville Artists of the Orpheum, Hill Street and Pantages Theaters, "golden-tongued orators," leading Cinema stars, "juvenile danseuses," violinists and sopranos.

At first, the project was off to a solid start. But soon, proceeds generated by fund-raising efforts were barely keeping up with the construction schedule and the Home's treasury was nearly empty. By June 1926, George J. Hartman, vice president, and chairman of the Home's building committee, signaled an alarm. "The front of the

The Mt. Sinai Home for the Incurables in 1926

building will be under way this week and work on the roof will be started next week," he said. "However ... the shell of a building represents only one fourth of the cost so the need for funds to rush the building to completion is urgent [and has] consumed very nearly all the funds the Home had...".[23]

Hartman wasn't exaggerating when he had used the word "urgent" to describe the Home's situation. With an overhead of close to $1,500 per month for patient care and zero cash reserves, "desperate" might have been more appropriate.

An aid application had been made to the Community Chest. But even if funding were granted, it wouldn't be forthcoming until 1927. What's more, 30 patients were occupying quarters fit for a maximum of 20, and the County Board of Health had already threatened to shut down the Home for overcrowding, lack of heating and roof leaks.[24]

The appeal was heard and the Jewish community responded in the Home's hour of need. A grocery shower was held to collect food for the patients. Raffles, dance contests, and Russian tea parties brought in $300 here, $150 there. Dozens of temple and secular ladies auxiliaries tendered checks: the Southwest Auxiliary scraped together $16.40; the Manchester Auxiliary raised $52.20; the Boyle Heights Auxiliary amassed an impressive $600.[25] Had it not been for Arthur Baird who made the Home a "five-figure loan" and the 14 members of the Board of Directors, who "obligated themselves to get their charges out of danger and into comfortable quarters," the new building might never have been completed.[26]

On Nov. 7, 1926, the Home for the Incurables held a dedication ceremony that was truly a community affair. The board's promise to build a new Jewish hospital had been fulfilled – almost to the day. Throngs of elated supporters and Auxiliary members attended to celebrate the fruits of their devoted labors. Dr. Levin acted as master of ceremonies and addresses were delivered by Rabbi I. David Essrig of the Beth Israel Congregation and Rabbi Soloman Neches of the Breed Street Congregation. Cantors Silverman and Holtzman sang at the dedication exercises and the banquet which followed. Home for the Incurables President Max Kaufman served as auctioneer for the sale that topped the evening's festivities.[27]

There was much to be thankful for. The new 50-bed, one-story brick and concrete building was 41 feet wide, 200 feet long and surrounded by an outdoor porch. A spacious corridor ran through the entire length of the structure. Another corridor bisected the building and divided the women's ward from the men's. In addition to a reception area, diet kitchen, and doctors' laboratory, there were two separate rooms, one for minor surgery and the other for "helio, hydro, and mechano-therapy treatments."[28] A modern paging system with the following features drew special attention: "The attending nurse's desk is placed in the direct center of the hospital building with all indicators from the various rooms flashing at this point so that a patient in need can be given attention with the least loss of time."[29]

On Nov. 7, 1926, the Home for the Incurables held a dedication ceremony that was truly a community affair.

What a joy and a relief to move from the old, overcrowded building into a spanking new facility! Unfortunately, the elation was short-lived. Nearly simultaneous with the dedication came the devastating news that the board had rejected a $15,000 Community Chest disbursement as "inadequate" in lieu of the $30,000 it had requested for 1927. Five weeks later, eight of the home's officers, directors, medical and legal staff resigned, including the medical director, Dr. Levin.[30]

Why the disbursement was declined outright and whether the resignations were related to this action cannot be determined based on

Caring for patients at Mt. Sinai Home for Chronic Invalids

In the spring of 1929, the Home for the Incurables officially changed its name to the Mt. Sinai Home for the Chronic Invalids.

the available records. But what is clear is that the new board that took over was faced with operating costs amounting to $2,300 monthly, an $18,000 mortgage on the new building and pressing questions as to what to do next.[31]

Emil Brown, a prominent businessman and community leader, had some ideas. In January 1928, he became chairman of the $35,000 Maintenance Fund for the Home and took charge of what was to be an eminently successful campaign. "We're going to sell days," Brown said, "17,500 of them at two dollars each for maintaining a Jewish man or woman now suffering from an ailment considered to be incurable."[32] He emphatically added that no portion of the monies collected would support buildings or improvements.

To broaden the appeal, Brown made sure that the fund committee represented all the elements of Los Angeles Jewry. For the campaign's opening dinner at the Roosevelt Hotel, he was able to enlist the participation of Rabbi Edgar Magnin of the B'nai B'rith Temple as toastmaster, Hollywood magnate Louis B. Mayer as keynote speaker, Dr. Louis G. Reynolds, the president of the Sinai Congregation and the influential Irving Lipsitch, executive director of the Federation of Jewish Welfare Organizations. This was the first time that the home had concertedly recruited "high-profile" Jewish leaders, several of whom were Kaspare Cohn Hospital's supporters, to lead their fund-raising activities. The strategy proved effective: more than 800 persons attended the gala and more than half of the "days" were sold that evening.

Then, in a novel attempt to reach an even larger segment of donors, the Home scheduled a highly promoted "Visitor's Day" that turned into a photo opportunity featuring movie stars and local entertainers – all arranged by Mrs. Louis B. Mayer and Harry Mann.[33] Within weeks, filmed scenes of life at the Home and notables at the bedsides of patients were screened at fund-raising gatherings throughout the city and in local "motion-picture houses." The cause caught fire and campaign workers – divided into Central Avenue, Temple Street, Boyle Heights, West Adams and Jefferson Divisions – were flooded with contributions.

The final tally was impressive and on June 1, 1928, Emil Brown publicly expressed his appreciation for the community's "magnificent

Mt. Sinai's Maintenance Fund appeal captured the interest of the entire Jewish community in 1928.

Maintenance Fund Appeal Chairman Emil Brown, with a group of patients

response." The number of donations had far exceeded expectations. With $39,372.14 deposited in the home's treasury, fund-raisers and benefactors alike could breathe a temporary sigh of relief.[34]

In the spring of 1929, the Home for the Incurables officially changed its name to the Mt. Sinai Home for the Chronic Invalids.[35] Other policy and administrative changes quickly followed: a new board was elected; the accounting firm of Oscar Moss & Co. was hired to regularly audit the institution's books; and a rigorous procedure to determine an applicant's "medical and social fitness" for admission was implemented. Patient reviews by Mt. Sinai's Medical Board, whose members included Drs. Abram Lipkis, Nahum Kavinoky, George Saylin, Leon Meyers, Harry P. Jacobson, Samuel Swezey and Clara Stone, resident physician and superintendent, were now routine.[36]

Improving the Home's management and financial affairs soon bore fruit. After nine years of existence, the Mt. Sinai Home was officially endorsed by the Jewish Federation. A letter from Irving Lipsitch confirmed the long-awaited acknowledgement and read: "We recognize that the Home requires and deserves the moral and financial support of the Jewish community and we are ready at all times to lend you our full cooperation consistent with our other obligations."[37]

It was hoped that the federation's stamp of approval might hasten Mt. Sinai's admission into the Community Chest for 1929. The hospital would soon need larger-scale support, especially since new plans for expansion were already on the drawing boards. But until then, Shovuoth parties, Purim picnics, barbecues and a May festival fund raiser headlined by appearances by Sophie Tucker, Norma Shearer, Joan Crawford, Conrad Nagel and others, would have to bridge the gap.

Although Mt. Sinai had done much to shore up its financial and administrative standing, by mid-year 1929 deficits were mounting faster than memberships and contributions. The cost of providing long-term care for charity cases had escalated sharply and the Home turned again to the Community Chest for help. Simultaneously, a $50,000 Maintenance Fund Campaign was launched in September by Peter M. Kahn, Mt. Sinai's president, Ben Platt, chairman of the fund-raising drive, and Tom May, campaign treasurer. The advantage was that both Platt and May had connections to "old guard" benefactors, traditionally associated with Kaspare Cohn Hospital, and Mt. Sinai was consciously reaching out for their support.

Ironically, high hopes for the newly initiated campaign coincided with the crushing news that the Community Chest was having its own funding problems and that Mt. Sinai's admission had been postponed for another year. But instead of dampening the board's determination, the rejection spurred them on. President Kahn's response was blunt when he stated, "The Jewish community must be able to say proudly at the close of this Appeal that if the general community of Los Angeles cannot afford to support Mt. Sinai, the Jews of Los Angeles will accomplish this merciful labor alone...".[38]

Three hundred volunteers signed on to help the well-organized campaign. A Mt. Sinai speakers' bureau was formed to address commercial, industrial and temple groups. Cadres of volunteers canvassed door to door in Jewish neighborhoods. Special committees were designated to contact well-known philanthropists, who, in turn, endorsed the appeal publicly, encouraging others to give. And the indefatigable Mt. Sinai Ladies' Auxiliaries scheduled event after event, attracting as many as 500 attendees at a time. In some respects, the appeal seemed more like a fight for survival than a fund-raising drive. In truth, it was both.

18, 1930. The dais was filled with notables from distinguished local Jewry. Rabbi Mayer Winkler of the Sinai Temple gave the invocation. Then, speakers Ben Platt, John R. Quinn, a county supervisor and representative of Governor C. C. Young, Dr. Reynolds and others too numerous to mention, addressed the crowd.

The expanded facilities increased the total number of beds to approximately 50 and included a dining room, complete medical unit with X-ray, treatment rooms, an examining room and a temporary synagogue in its basement. Of particular pride were the two separate kitchens, designed in strict conformance with orthodox dietary laws.

If the Jewish community gave ceaselessly and unsparingly to the Mt. Sinai, Mt. Sinai felt an equally strong obligation to reciprocate.

Despite the fact that the Maintenance Fund Campaign fell short of its goal of $50,000, the $37,000 that was collected was counted as a resounding success. The institution's indebtedness had been reduced to approximately $4,000, with cash reserves of $1,500 and outstanding accounts of almost $17,000.[39] By every measure, it was a reversal to be proud of and Mt. Sinai was in far better financial shape than ever before – just as the stock market crashed on Oct. 29, 1929.

As the storms of the Great Depression quickly gathered, Mt. Sinai held to its mission to provide the best free care possible to those who were the most needy. On the eve of 1930, a new group of officers and directors was installed. Among them: Peter Kahn, re-elected to the presidency; Theodore Strimling, Harry Blank and J. Farbstein, vice presidents; Aaron Riche, secretary; and Jacob Simon, treasurer.[40] They went right to work planning the next fund-raising event: a Spring Musical Festival at the Philharmonic Auditorium featuring "outstanding Jewish masters of vocal and instrumental music in a program of classical and modern works exclusively of Jewish composers."[41]

Amid fund raising for maintenance funds, a building addition that had been independently financed was completed and dedicated on May

Finishing touches to the workshop, solarium and landscaped garden were made over the course of the next successive months. These last improvements were designed specifically to enhance the psychological as well as physical well being of the patients. Dr. Stone had long advocated the use of occupational therapy and as soon as the facilities were ready, rehabilitation activities such as woodworking, basketry, leather tooling, embroidery, sewing, gardening, became part of patients' daily routines. It was even suggested that the handicrafts be sold to generate revenues for the institution.[42]

If the Jewish community gave ceaselessly and unsparingly to the Mt. Sinai, Mt. Sinai felt an equally strong obligation to reciprocate. It eagerly offered the community use of its verdant "picnic mecca" for private or public celebrations – weddings, bar mitzvahs, parties and reunions. A heartfelt invitation published in the Sept. 22 issue of the *B'nai B'rith Messenger* spread the word: "The Mt. Sinai Home for the Chronic Invalids desires to come close to the heart of the Jewish community, and to serve it in every way possible is offering its beautiful grounds, new dancing pavilion and patio, as well as its synagogue, for the enjoyment and use by the friends of the institution."

AT THE MOUNT SINAI HOME

Visitors at the Dedication Ceremonies Sunday will see the New Kitchen and Synagogue pictured above and the Mt. Sinai Home below.

The newly expanded Mt. Sinai Home for the Chronic Invalids stood poised to serve its community and as many applicants as its budget could bear.

The newly expanded Mt. Sinai Home for the Chronic Invalids stood poised to serve its community and as many applicants as its budget could bear. During the Passover Holidays of 1930, Mt. Sinai opened its doors to Jewish patients from the Los Angeles County Farm, General Hospital and other non-Jewish institutions so that they might have "the spiritual benefit of participating with their fellow Jews in the joy and happiness of this period and partake of traditional foods prepared according to the Passover Jewish ritual."[43]

But these "merciful purposes" were, by necessity, short-lived. Mt. Sinai was rapidly running into the red. Donations were plummeting along with collapsing economic conditions nationwide. And, if this situation wasn't bad enough, Mt. Sinai was again crestfallen to learn that for the third year in a row, the Community Chest would not be admitting new members.

In the face of these stringent cutbacks, the demand on Mt. Sinai for extended free care was unremitting. Twenty-eight percent of its patients suffered from paralysis; 20 percent, asthma; 12 percent, heart disease; 6 percent, arteriosclerosis; 6 percent, hemiplegia; 4 percent, arthritis; 4 percent, nephritis; 4 percent, diabetes; 4 percent, gastric disturbances; 2 percent, hernia; and 10 percent, compound diseases.[44] It is an understatement to say that the seven nurses on duty – four day nurses, two night nurses and one relief nurse – had their hands full.

Yet, even though resources were strained, Mt. Sinai found a way to admit seven urgent cases out of the 24 qualified applicants who had been petitioning help for months. "We decided," Dr. Saylin explained, "that our obligation and that of our entire community to the sufferers clamoring at our door was a paramount consideration which we could no longer evade or postpone."[45] It was a philosophy that went to the represented the very essence of what the Mt. Sinai Home for Chronic Invalids stood for – and would struggle to uphold during the trying years ahead.

Spirit of L. A. Jewish Womanhood Behind Million Dollar Drive

Some of the Leading Jewish Women of Los Angeles, Representing All Walks of Social and Civic Life Who As Colonels and Captains, Have Undertaken to Enroll Every Jewish Woman in the City in the Million Dollar Campaign And Who Will Work Unstintingly Towards Raising the Quota Set For Them

3

Kaspare Cohn Hospital Becomes Cedars of Lebanon Hospital

1920-1930

Cedars of Lebanon Hospital, 1930

Building a "Temple of Health"

Across town, another dedication had taken place. Sunday afternoon, May 11, 1930, saw the opening of the new Cedars of Lebanon Hospital. There was barely enough room for the 2,000 celebrants who crowded onto the broad stairs leading up to the stately eight-story building and spilled on to Fountain Avenue. Bugles sounded as Boy Scout Troop No. 13 stood in formation, saluted and unfurled the American flag over the hospital's main entrance. Cheers and applause filled the air, and so began a stirring ceremony that marked a remarkable transformation. In less than one generation, the 12-bed Kaspare Cohn Hospital had become Cedars of Lebanon Hospital, large enough to accommodate 278 patients and soon to be recognized as one of the best medical facilities on the West Coast.

The seeds for this transformation had been planted in the early 1920s. With each passing year during that decade, the demand for hospital beds increased, along with Kaspare Cohn Hospital's fine reputation. The Whittier Avenue facility often ran close to full capacity and non-paying patients were admitted almost as frequently as paying ones.[1] The Jewish Dispensary, opened in 1919 under the auspices of Kaspare Cohn Hospital, also showed "a lusty and promising development" from the start. By 1921, "2,134 patients were treated absolutely free, 1,707 prescriptions were filled, and 240 calls were made to the homes of patients."[2]

Between the hospital and dispensary, the immediate medical needs of the community were being met. But three years later it was a different story. Kaspare Cohn Hospital was struggling with 30 percent overcrowding and was reluctantly forced, time and time again, to refuse admissions.[3] The dispensary found itself in a similar predicament, unable to accommodate the crush of needy and ailing applicants who sat for hours on wooden benches in the crowded waiting room. The solution seemed indisputable: Keeping pace with the community's growth would require the construction of a modern hospital, located toward Los Angeles' Westside, where much of the Jewish population was gradually moving. If everything went as hoped, the new hospital would rival, and eventually surpass, any existing facility in Southern California.

Community leaders pinned the realization of these dreams on the success of the Million Dollar Fund, initiated in 1923 by the Federation of Jewish Charities President George Mosbacher. His pragmatic belief that philanthropic organizations must adopt business methods of efficiency and economy was far-reaching. It was to set the tenor of the hospital campaign over the next seven years and influence subsequent federation leaders William R. Blumenthal, Boris D. Bogen and I. Irving Lipsitch.

In less than one generation, the 12-bed Kaspare Cohn Hospital had become Cedars of Lebanon Hospital, large enough to accommodate 278 patients and soon to be recognized as one of the best medical facilities on the West Coast.

Designed to underwrite the large-scale construction for three Jewish social service institutions, the Million Dollar Fund earmarked $30,000 for the combined Talmud Torah and Social Center, $200,000 for the Orphans' Home (Vista del Mar) and that which remained, for the new Kaspare Cohn Hospital.[4] Never before had a Jewish agency launched a fund-raising drive of this magnitude. Its organization required the painstaking patience of a military strategist and the meticulous implementation of a field marshal, for the public appeal was to run only one week, between the end of Rosh Hashanah and the beginning of Yom Kippur.

Kaspare Cohn Hospital in 1910

Henry Louis was chosen to oversee the rush of arrangements and numerous committees targeting likely donors. One of these, The Committee on Professions, chaired by Dr. Edelman, was subdivided into specialized teams: dentistry, law, technical fields and medicine. The first medical team was led by Dr. Lazard and his "lieutenant doctors," many of whom were on the Kaspare Cohn Hospital staff; the second was headed Dr. Kavinoky and his lieutenants, whose names were closely associated with Mt. Sinai.[5] Ironically, the two medical teams worked side-by-side to ensure the success of the Million Dollar Fund at the same time that they were negotiating the touchy issue of expanding staff privileges at the existing and future hospitals. But the overarching goal – to establish a spacious, well-equipped hospital where all Jewish physicians could practice quality medicine – helped them to bridge their differences. Communal duty superseded special interests, at least temporarily.

Five hundred guests attended the Million Dollar Fund's kick-off banquet at the Ambassador Hotel in late September 1924. In that one night, alone, donations totaling $633,000 proved that the spirit of "a united Jewry working for common ends" was alive and well![6] The list of contributors read like a "Who's Who" of the Jewish community and there was even "a sprinkling of new names, representing the newer element which the beauty and charm of California and the splendor of our city have brought to Los Angeles."[7] It was a sign that the scions of the Jewish pioneering dynasties were destined to share the philanthropic stage with the more recently arrived captains of industry and finance.

In December, the federation's fund-raising efforts were temporarily suspended so as not to conflict with the first Community Chest Drive. Although the campaign resumed shortly thereafter, its momentum faltered. Nevertheless, the hospital board, still confident that the Million Dollar Fund would reach its goal, signed escrow papers for a 270-foot by 308-foot lot on March 13, 1925. The cost of the Fountain Avenue property: approximately $135,000. After months of searching for the ideal location, the "Jewish Hospital of Southern California," as the new Kaspare Cohn Hospital was then being called, finally had a home.

Simultaneously, Ben Meyer submitted his resignation as president of the Kaspare Cohn Hospital after an energetic 12-year incumbency. Lemuel Goldwater was promptly elected to take over the reins, and not a moment was lost in the transition. The board immediately dispatched Drs. George Piness and Oscar Reiss and Mrs. Katherine Meitzler, the hospital's superintendent since 1915, on the first of many site visits to prestigious East Coast hospitals. With each official report, the new hospital, then projected to cost $1,000,000, took on greater scope and definition.[8]

Because the Community Chest did not grant capital funds to institutions, the long-term fate of these evolving plans was inextricably bound to the good faith of those who had so generously subscribed to the 1924 Million Dollar Fund. Therefore, it was particularly troubling that a sizeable number of individuals were already delinquent on their three-to-five year pledge installments by the end of 1925. A gentle reminder urging payment appeared in the 1926 New Year's Day issue of the *B'nai B'rith Messenger*. After all, commitments had been made, contracts had been signed and the money needed to be collected, pure and simple. Fund officials phrased the request as delicately as possible, not wanting to "annoy … those who find it inconvenient to meet the terms of their subscriptions, even though they have the best intentions." Even with the nudge, receipts were slow in coming. It would take the next five years to collect $735,000 of the $800,000 that had been promised. But eventually, the "pay up" effort paid off.[9]

No one seeking treatment would be denied, even if it meant siphoning off a portion of the capital funds allocated for the new hospital.

In the meantime, a Building Committee, composed of Isidore Eisner, Ben Meyer, Arthur Asher, Samuel Newmark, Tom May and Dr. Tyroler, selected the architectural firm of Curlett & Beelman to design the new hospital building. No one looked forward to a modern facility more than the hospital medical staff. In order to imagine how cramped conditions had become, consider that as of 1926, 57 senior, junior and consulting physicians, and approximately 20 graduate nurses were tending the sick in the same Whittier Avenue facility that had originally served as few as a half-dozen doctors.[10] Patient beds were at a premium, as the hospital census for November 1926 indicates, and out of sheer necessity, physicians were forced to jockey for admissions.[11]

Total Patients

47	patients remaining Nov. 1, 1926
15	pay patients
32	free patients
98	patients admitted classified as:
	56 medical
	23 surgical
	19 obstetrical
	0 accidents
145	total patients treated during the month
1,589	hospital days
53	average patients per day
11	average days stay per patient
17	births
5	deaths
94	discharges
51	patients remaining Dec. 1, 1926

In the same year, a staggering 9,015 patients, many of them tubercular cases, sought medical attention at the dispensary. This alarming 50 percent increase strained services to the bursting point. But instead of simply "making-do" until the dispensary became the

Outpatient Department of the new hospital, it was given more space in the federation's Bunker Hill headquarters. A Chest Clinic was opened and several thousand dollars were spent for renovations and equipment. The message from the federation was unequivocal: No one seeking treatment would be denied, even if it meant siphoning off a portion of the capital funds allocated for the new hospital.

Guided by progressive social welfare values of the time, the dispensary attempted to preserve the vital connection between health and hearth by offering more than just medical services. Dr. Reiss, chairman of the dispensary, strove for a balanced approach and set forth the following service goals: 1) Discovery of incipient cases and correct diagnosis and proper disposal of all cases by obtaining institutional hospital, preventorium or camp accommodations; 2) Child welfare and protection of all members of a family with a contact case; 3) Social study of housing economic conditions of all the families who are under the care of the Clinic; 4) In exceptional cases, treatment in the clinic or at home (tuberculin treatment, artificial pneumo-thorax, and actino therapy).[12]

The clinic's enlightened health care policy produced countless success stories. One, concerning a "Miss B," found its way to the front page of the *B'nai B'rith Messenger*, titled "Wedding Bells and Orange Blossoms Displace Death Threat." Miss B's saga began when, at age 18, she was advised to leave the East Coast and travel West for health reasons. Because her family's financial condition prevented them from accompanying her, she made the cross-country trip on her own, arriving here with very little money and somewhat bewildered. According to the newspaper, "Alone and ill in Los Angeles, she found her way to the federation's clinic which came to her rescue and placed her in a tubercular sanatorium. One year later she was dismissed as an arrested case and showed such marked improvement that she was able to become self-supporting. Recently, the physician gave his approval for Miss B's approaching marriage!" [13]

This happy ending spoke volumes about how comprehensive health services could recover the life of an ailing young woman and, ultimately, contribute to the overall welfare of the community. Under the directorship of Irving Lipsitch, the federation redoubled its efforts to provide the widest array of resources to those in need. Progress was made toward integrating the patchwork of affiliated and non-affiliated Jewish welfare agencies into one cooperating network.[14] The capstone of this broader, unified vision was to be the new Jewish Hospital of Southern California. But the question remained: Just when would the hospital be built?

Lemuel Goldwater, the board president, was in the best position to know. With tempered optimism, he stated, "...we are ready to go forward with the erection of the hospital as soon as the proper financing has been provided for ... it is my urgent wish that the year of 1927 should see our plans well on the way toward the completion of this most needful project."[15]

Ground Breaking Day, Sunday, April 14, 1929, couldn't have been more inspiring.

Given that the hospital drew its financial strength from a variety of institutional sources, finding financing was not a simple proposition. Its ability to service a debt was, in part, dependant on support from the federation and the federation relied, in turn, on disbursements from the Community Chest. Therefore, it was more than just a courtesy that the hospital's Finance Committee scrupulously itemized the project's costs and put these before the Chest's Committee on Capital Expenditures.

According to the extensive study, the projected construction and equipment costs of the proposed hospital were revised upwards to $1,500,000 and the annual maintenance expenses recalculated to reach $115,000 per year above those received from pay patients. These more realistic figures met with the Community Chest's approval in April 1927 and soon thereafter, a loan was secured.[16]

The next year and a half was an intensely productive period during which all those concerned waded through of sea of details, decisions

LARGEST PAID CIRCULATION
B'nai Brith Messenger
Oldest, Most Influential Jewish Paper in So. California
Los Angeles, California, Friday, April 19, 1929
For a Constructive American Judaism
Ground Breaking for New Jewish Hospital, Sunday, April 14—Shown (in the foreground) turning the first soil: I. Eisner, chairman building Committee; J. Y. Baruh, vice-president, and Lemuel Goldwater president.
Business Office TUCKER 1934 Circulation Dept. MUTUAL
An American Jewish publication presenting each week authentic news of the Jewish world with special reference to Western viewpoints and Western interests.
B'nai Brith Messenger Print ESTABLISHED 1897 H.W. Cannon Des.

Front page of the B'nai B'rith Messenger commemorates Ground Breaking Day, April 14, 1929

and deadlines. Meetings, fact-finding tours, and consultations with professionals specializing in hospital design and administration resulted in a series of drafts and redrafts of the building plans. Claude Beelman's final architectural rendering of the Jewish Hospital of Los Angeles, the name unanimously decided upon by the board and the Federation as of 1928, made its public debut on the front page of the *B'nai B'rith Messenger* on Oct. 19 of the same year under the headline, "New Jewish Hospital to Equal Any in the Country." In addition to the 250 beds for those who could afford the best hospital facilities, the hospital featured 58 free beds, an outpatient department and a school of nursing. Separate residences for the nurses and interns were also planned. The new nonsectarian hospital, in the words of superintendent Meitzler, stood for "an institution which will render immeasurable service to the sick who feel that here is the house of life instead of the house of death."[17]

Hers was an apt metaphor, given that by its 26th year, the old Kaspare Cohn Hospital was well worn through hard service and crying out for retirement. The building was on the verge of decrepitude and no amount of repairs could salvage the outdated equipment.[18] For the physicians, the inconveniences and inadequacies became far more tolerable with the announcement that the Herbert Baruch Corporation had been awarded the general building contract for the new hospital. Overnight, it seemed as good as built.

Ground Breaking Day, Sunday, April 14, 1929 couldn't have been more inspiring. A reporter who attended the celebration wrote, "The warm California sun casting a golden glow over the scene, while the mountains rising sharply, reminded the onlooker of the words of the Biblical singer who proclaimed: 'I draw my strength from the hills'." [19]

Five-hundred guests assembled on the dusty Fountain Avenue lot to take special pride in seeing Isidore Eisner, chairman of the Building Committee, J.Y. Baruh, chairman of the Finance Committee and Lemuel Goldwater, president of the hospital, take three shiny shovels in hand and turn the first soil. Dr. Edelman recounted the hospital's history, followed by stirring words from Rabbi Herman Lissauer (Temple Emanu-El), Rabbi Edgar Magnin (B'nai B'rith Temple) and Rev. Thomas J. O'Dwyer, director of the Catholic Welfare Bureau, Diocese of Los Angeles and San Diego. "There was solemnity and sweetness in the scene," another observer commented, "and a peaceful charm growing out of the spirit of charity and brotherly love...".[20]

Around the beginning of August 1929, the Board of Trustees changed the name of the new hospital again, and for the last time, to Cedars of Lebanon Hospital.

The day's festivities closed on a light note when Lemuel Goldwater good-naturedly climbed into the open cab of a hulking steam shovel, clutched the controls, and "broke ground in modern fashion!" Full-scale construction ensued within days. Over the summer months, the steel skeleton for the reinforced concrete structure rose to tower above the surrounding neighborhood, giving shape and dimension to the future hospital. Completion was scheduled for the end of 1929.

Around the beginning of August 1929, the Board of Trustees changed the name of the new hospital again, and for the last time, to Cedars of Lebanon Hospital (some say on the suggestion of Rabbi Magnin). Not only did the new name capture the "strictly Jewish character" of the endeavor, it poetically harked back to several Old Testament references. The aromatic cedars were said to have provided restorative shade for the weary and contained oils with healing properties. Even more important, the timbers had been used in the construction of Solomon's Temple. All were fitting reminders of the community's origins and what the new hospital represented. In tribute

to this ancient symbol, cedar saplings, imported from one of the surviving groves in Lebanon, were planted on the hospital grounds.

Not unexpectedly, as construction proceeded, the hospital's capital fund dwindled. Only $500,000 had been allocated to the new hospital from the Million Dollar Fund after the Vista del Mar Orphanage and the Talmud Torah and Social Center received their disbursements. This amount, plus $150,000 realized from the assets of the old Kaspare Cohn Hospital, fell $1,000,000 short of completion costs. Emergency measures were in order.

On Aug. 2, 1929, finance chairman J. Y. Baruh initiated a voluntary fund-raising effort in the hope of avoiding a formal campaign. "If a Jew won't give to a Jewish hospital," he exhorted, "if a Jew won't answer the wail of the sick and the needy, then what would he give to?" At the heart of his emotional appeal was the profound belief that giving is "an opportunity to shower self-respect upon ourselves and our children and upon our children's children by creating a monument dedicated to the alleviation of suffering – the fundamental value of Jewish tzedakah."[21] It was a request that the community couldn't deny.

Ben Meyer and Milton Getz were the first to respond. Their $100,000 donation inspired other major philanthropists, the majority of whom had already given unselfishly to the Million Dollar Fund. Over the next three months, hardly a day went by without the receipt of a substantial gift to the Hospital Building Fund. By Oct. 25, 1929, aggregate donations, ranging from $100,000 to $500, topped the $400,000 mark. Prospects for raising the additional $600,000 seemed reasonably good.

Only four days later, on Oct. 29, 1929, much of the board's optimism turned to deep uncertainty. The effects of the stock market crash reverberated throughout the nation and soon eviscerated Los Angeles' already slowed economy. Although at the time many experts believed that the downturn would last only three to six months, they were sorely mistaken: Southern California wouldn't reach a complete financial recovery until World War II. For the new Cedars of Lebanon Hospital, the timing couldn't have been worse and its very fate seemed to hang in the balance.

Construction was only partially completed and donations to the Hospital Building Fund might have come to grinding halt had the federation and the

Cornerstone Marks Milestone for L. A. Jewry

Large Cro... of Los Angeles Jewry Take Part in the Ceremonies of the Cornerstone Laying at The Cedars of Lebanon Hospital Sunday Morning. Noted Angelenos on the Program

Cornerstone laying ceremonies for Cedars of Lebanon, February, 1930

Cedars of Lebanon Hospital

Presidents

1902-03	Jacob Schlesinger
1903-04	S.S. Federman
1904-19	Max N. Newmark
1919-25	Ben R. Meyer
1925-44	Lemuel Goldwater
1944-54	Ben R. Meyer
1954-57	George M. Thompson
1957-61	Hart Isaacs

Chiefs of Staff

1929	Henry Lissner, MD
1930-31	D.W. Edelman, MD
1932-37	Maurice Kahn, MD
1938	Edmund Lazard, MD
1939	Henry Lissner, MD
1940	Oscar M. Reiss, MD
1941	Herman Zeiler, MD
1942-44	George Piness, MD
1944-50	M.N. Beigelman, MD
1951-53	I.Y. Olch, MD
1954-57	Arthur Hoffman, MD
1958-61	Marcus H. Rabwin, MD
1962-64	Leon Krohn, MD
1965-67	Sidney Rosin, MD
1968-70	Josephus Reynolds, MD
1971-73	George Harris, MD

Board of Trustees not gone on the fund-raising offensive. They issued a communitywide call to arms, declaring: "We cannot fail and we will not fail if we continue to receive a generous response from every Jewish man and woman in the city."[22] In effect, the continued existence of Cedars of Lebanon Hospital had become a test of the community's most sacred values and emblematic of its very identity.

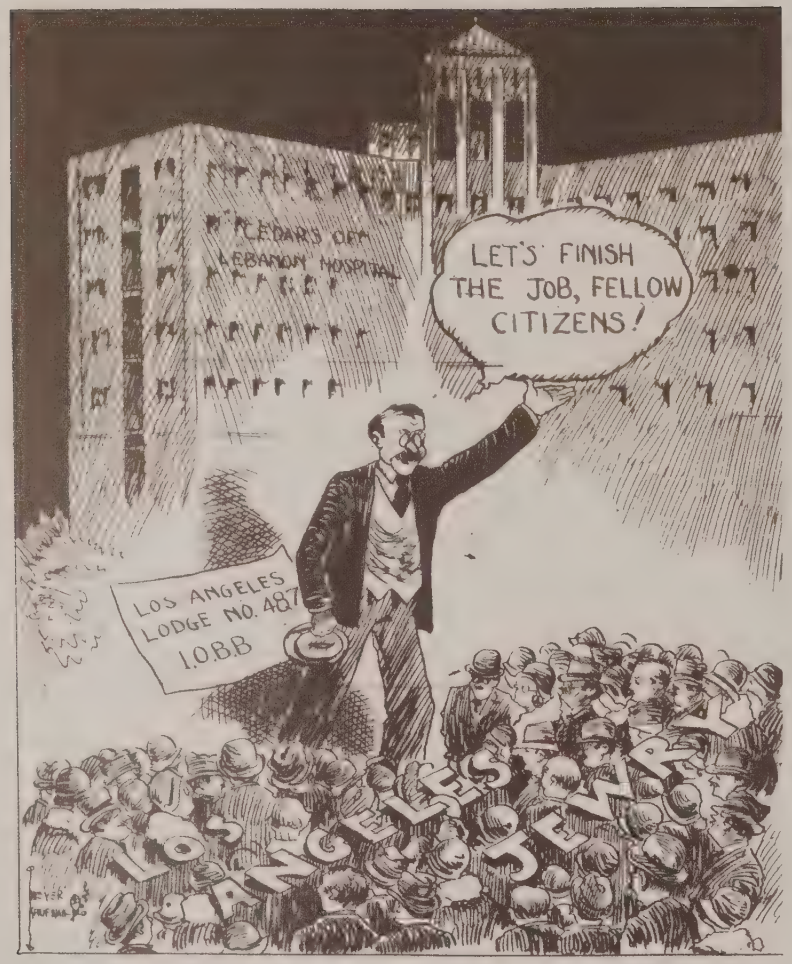
By February 1930, the community had transcended its special interests and galvanized into a unified force working towards the success of the hospital. At the fund's headquarters, located in the federation offices, 100 "campaign generals" were assigned solicitation divisions that cut across every social, religious, professional and ideological group, large and small alike, within the Jewish community. A few examples: the Motion Picture Division, headed by Jack Warner; the Women's Division, chaired by Mrs. E. M. Lazard; the Zionist Division, lead by Aaron Riche; and even a Mt. Sinai Home for the Chronic Invalids Division, presided over by Theodore Strimling and Peter Kahn, president of Mt. Sinai. No one was overlooked and no details were left undone, as this report of a task force meeting revealed: "Reaching heights of enthusiasm never before touched in the history of Southern California Jewish communal life, more than one hundred colonels and captains in charge of over 800 lieutenants gathered at the Elite Cafe Monday evening when the final details of the Worker's Organization were perfected....[A] Kit has been designed to minimize the work of the solicitors and is a combination manual titled 'How to Get a Million Dollars' and a 'Tool Box' with all the information necessary for solicitation."[23]

Eleven hundred volunteers from all over Southern California, recruited by B'nai B'rith Lodge No. 487, fanned out over the designated areas. Interest in the campaign was kept alive with the regular publication of light-hearted cartoons depicting scenes of the half-built hospital with captions such as "Let's finish the job, fellow citizens!" and "Do your share!" On Feb. 23, the community's commitment became palpable when hundreds attended the ceremony commemorating the laying of the hospital's cornerstone. It proudly proclaimed: "Erected by the Jewish People of Los Angeles."

Despite the obstacles, construction continued unabated and each month that passed moved the hospital closer to completion. Contributions, on the other hand, were barely trickling into federation headquarters. At one point, it seemed as if the fund had run out of steam and that the goal of a hospital "free of all debts, mortgages or liens" was out of reach. As of March 1930, only 1,000 of the possible 9,000 targeted subscribers had been contacted for solicitations. Not to be discouraged, campaign workers redoubled their efforts and finally, in April, the hospital fund received the break it deserved. A $25,000 gift by the Hellman and Cole families, simultaneous with a groundswell of donations collected at mass meetings held at the Folke Schule on Soto Street, signaled a turning point. Additional funds were donated by many life-long friends of Kaspare Cohn, many of whom were not Jewish.[24] By the end of the month, the total amount pledged was approaching $750,000 – a monumental feat that ushered in the long-awaited dedication, scheduled for May 11, 1930.

On May 11, 1930, a high-spirited crowd gathered in the shadow of the new Cedars of Lebanon Hospital, which was as much an architectural gem as a monument to communal effort.

On that day, a high-spirited crowd gathered in the shadow of the new Cedars of Lebanon Hospital, which was as much an architectural gem as a monument to communal effort. Designed as "a modern adaptation of the classic with thought toward an economical and pleasing structure," the flared "U"-shaped hospital was provisioned for



Interest in the campaign was kept alive with light-hearted cartoons such as this one, published in January, 1930.

the care of 278 patients – 68 private rooms, 155 rooms with two-to-four beds each and a 55-bed children's and infants' ward.[25]

An extensive Outpatient Department was situated on the ground floor of the hospital. Examination and treatment in "general medicine, surgery, children's, maternity, eye-ear-nose and throat, mental hygiene, mother's conference, skin diseases, chest diseases, heart diseases, physical therapy and dental" were to be provided by medical specialists who gave of their time voluntarily.[26] Those requiring hospitalization were placed on the second floor, named in the memory of Kaspare and Hulda Cohn.

Floors three through six were nearly identical, with the exception of the sixth, which contained an obstetrics ward, and private and isolation nurseries. The seventh floor was devoted primarily to surgery, there being two obstetrical, four major, two minor and two cystoscopic operating rooms. A large, enclosed solarium was located on the eighth floor. The surrounding roof space, an open-air concrete deck, was equipped with lounge chairs and sun bath compartments. In addition, the hospital included: a 300-capacity auditorium complete with a stage; dressing and projection rooms; a nurses' residence that boasted a housemother's office, beauty parlor, library, reception and dining room and kitchen; a physicians' dining room; a snack bar adjacent to the lobby; interns' quarters; and a morgue. Up-to-date conveniences such as three passenger elevators "with selective push-button control," an especially equipped kosher kitchen separate from, but situated within, the main kitchen, and electric food-conveyor service to each floor were just a few of the building's noteworthy features.

Patient rooms were also given special attention. Beds were oriented toward large windows, generous enough to take advantage of the panoramic views of the rolling foothills and the bright California sun. Colorful drapes, light linoleum floors, and buff-colored walls lent a cheerful air to every room. Deluxe accommodations had private bathrooms and were furnished with easy chairs, artwork and writing desks. Compared to so many of the dated and dreary hospitals of the day, Cedars of Lebanon was pleasant, welcoming and strictly state of the art.

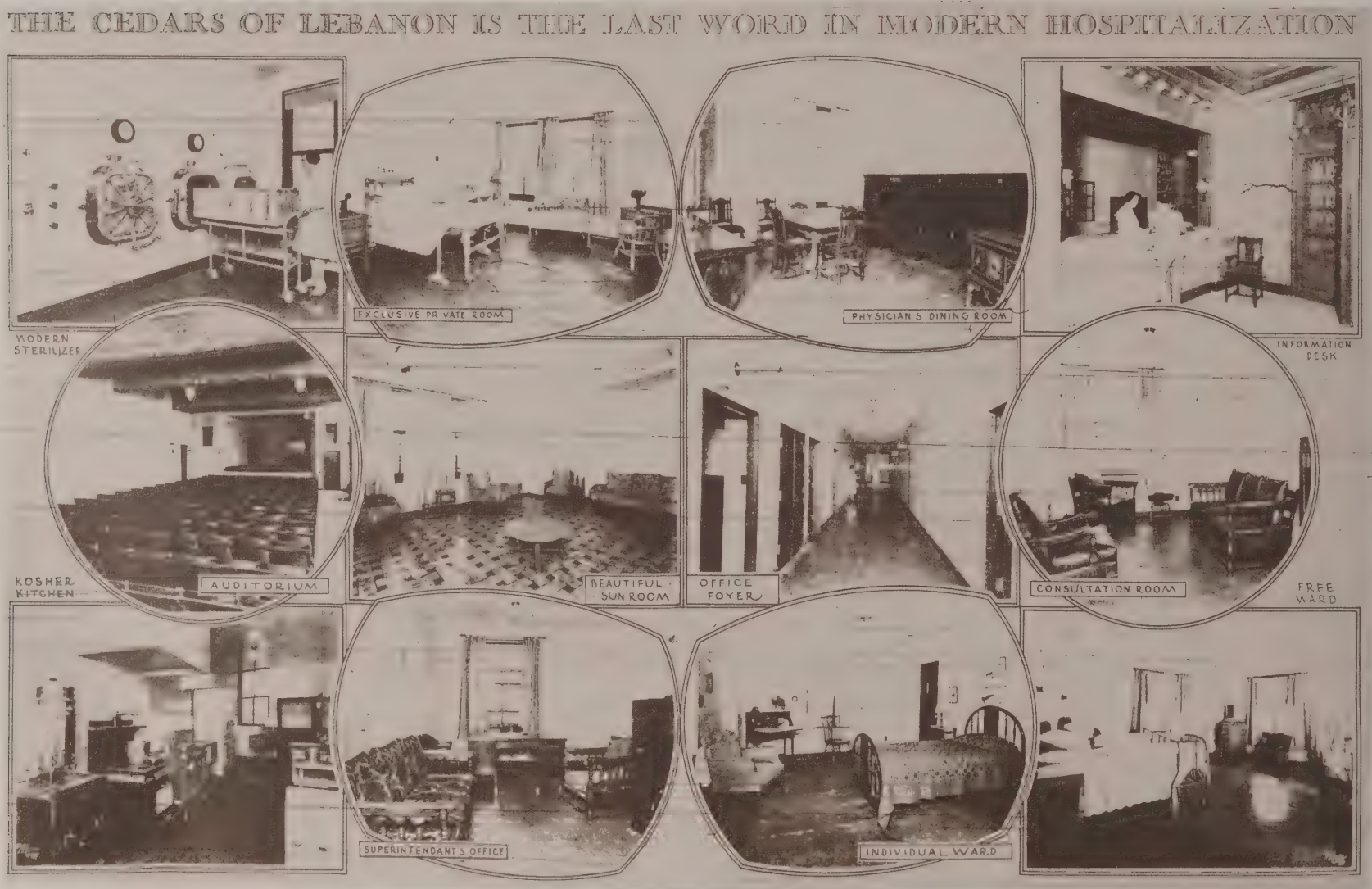
To be sure, the dream of a modern hospital nearer the center of the city to care for both rich and poor had been fulfilled. The thousands who had come to honor this mighty achievement were thanked and honored in return. Dozens of community leaders – Ludwig Schiff, vice president of the Federation of Jewish Charities; Rabbi Julius Letbert; Isidore Eisner; Lemuel Goldwater; Rabbi Edgar Magnin; William Lacy, president of the Community Chest; Mrs. Albert Crutcher, president of the Children's Hospital, located nearby; and many others – rose to the podium to deliver heartfelt congratulations and glowing predictions of the future.[27] An outpouring of respect, praise, gratitude and expectancy bound all those present to that singular, historic moment. Against all odds, the Jewish community had committed itself to the creation of Cedars of Lebanon Hospital and succeeded.

No one knew this better than the hospital's chief of staff, Dr. David Edelman, who, over the arc of his long and distinguished career, had witnessed the hospital's development from its inception as a small Victorian frame house perched on a tiny knoll to the looming eight-story reinforced steel-and-concrete edifice that occupied a square city block. In a few simple words, he crystallized the driving spirit behind the Jewish community's most stunning accomplishment when he stated, "... I wonder, again and again, if there is another such people as our own who do not understand the word 'impossible,' and who are capable of producing, as if from a magic bag, such structures and institutions as we have seen rise here, from practically nothing at all." [28]

Part of the Crowd Massed In Front of Cedars of Lebanon Listening to Dedication Address

Cedars of Lebanon dedication, May 11, 1930

Against all odds, the Jewish community had committed itself to the creation of Cedars of Lebanon Hospital and succeeded.



Cedars of Lebanon interior, as featured in B'nai B'rith Messenger

4

For the People: Mt. Sinai Hospital and Clinic

1930-1950

Mt. Sinai Hospital in 1926

Jewish Philanthropy on a Democratic Basis

Dispiriting images of the Great Depression haunt us still: long bread lines, soup kitchens and destitute families. The crisis touched Americans from every walk of life and played havoc with hundreds of thousands of individual destinies. The future seemed dangerously adrift for so many people and the nation alike. Politically, the country held its breath, awaiting the results of Franklin Delano Roosevelt's charismatic leadership. Would the president's plans to transform joblessness into productivity succeed? Would prosperity ever return? And most urgently, when?

Citizens of Southern California were dogged by the same questions. The universal downturn spelled disaster for Los Angeles, whose economy had been inflated by real estate, oil speculation and other wildcat enterprises. Many middle-class entrepreneurs, retired farmers and developers who had invested heavily in the boom were ruined.[1] As the effects of the collapse trickled down, distressed workers lost their jobs in unprecedented numbers. Unemployment in the city shot up to 16.9 percent in 1931 and was still hovering at 14.5 percent a decade later.[2] So anemic was the local economy that the county's population growth slowed dramatically as well, increasing by only a half-million over the same time period.[3]

Conditions in the local Jewish community mirrored the general financial disarray. Jewish merchants lost their businesses, professionals their clientele and laborers their jobs. Few remained untouched: hard luck, changing fortunes and failing spirits were the harmonies of a common refrain. Individuals and families scrambled to make ends meet. In working-class neighborhoods, the proportion of families with incomes under $150 per capita increased from 10 to 43 percent.[4] Because most kinds of supplemental assistance before Roosevelt's New Deal were largely local and private, the Jewish needy turned to communal organizations for help. Soon, however, these resources were strained far beyond their limits. Community donations fell sharply, not for lack of compassion, but for the simple reason that charitable giving had become a luxury that few could afford. By necessity, philanthropy now began at home.

If this distress wasn't enough, more menacing still were the shadowy reports from Europe describing Jewish persecution and the lurking Nazi threat. These troubling accounts prompted local Jewish community leaders to call for a boycott of German goods. In addition, an Emigre Service Committee was established within the Jewish Social Service Bureau to provide for increasing numbers of escapees. They, among all the worthy petitioners applying for aid, received special consideration and were the last to go on public welfare.[5]

With so many compelling philanthropic causes competing for fewer and fewer dollars during the Depression, the futures of institutions that depended exclusively on beneficence were imperiled.

With so many compelling philanthropic causes competing for fewer and fewer dollars, the futures of institutions that depended exclusively on beneficence were imperiled. Excluded from the Community Chest, Mt. Sinai Home for the Chronic Invalids attempted to weather the storm by imposing cutbacks wherever possible. Max E. Mark, executive director, enacted a series of stringent measures that reduced operating expenses from $48,447.11 in 1930 to $40,914.46 by 1931.[6] Even so, there was no cash to pay C.O.D. orders and creditors refused to deliver goods to the institution.

Always passionate, always determined, Mt. Sinai's supporters broadcast the clarion call. Unfortunately, donations from urgent radio appeals scarcely made a dent in the institution's all-consuming debts.

Other sure-fire fund-raising strategies faltered as well. The 1932 push to recruit new Mt. Sinai memberships, even at a minimal cost of one to three dollars per year, failed miserably. And the revenues from the widely publicized Summer Jubilee were disbursed as fast as they were collected. Only the daily bundles of food, medicine and supplies, coordinated by scores of stalwart auxiliaries and generous individuals, prevented the "54 crippled men and women harbored within its walls [from being] thrown out on the streets."[7]

By the fall of 1932, Mt. Sinai stood on the brink of dissolution. Faced with the unthinkable, Harry Blank, then president of Mt. Sinai, mobilized leaders from every sector of the Jewish philanthropic community. What emerged from this broad-based conference was a $15,000 emergency appeal to "Save Mt. Sinai." Many who endorsed and masterminded the plan were principals of Cedars of Lebanon Hospital, including Tom May, J.Y. Baruch and Lemuel Goldwater.

Mt. Sinai's 50-bed Bonnie Beach Place annex was dedicated in January 1940, but it was the clinic opening that community residents eagerly awaited.

David A. Hamburger and I.B. Benjamin, both Cedars supporters for years, served as the campaign's honorary and acting chairmen respectively. Prominent Jewish women also joined the Mt. Sinai crusade. Mrs. Jules Kauffman, Ida May Cummings, Ada Alperstein and Dena Goldring were among the many who beat the Mt. Sinai drum and addressed groups of every size and affiliation. Rabbis Edgar Magnin, Isadore Isaacson and Max Kert, to mention only a few, did the same. Although many themselves were in dire straits, congregationalists in neighborhoods across Los Angeles gave selflessly.

In today's dollars and cents, Mt. Sinai wasn't asking for much: Estimated maintenance costs amounted to little more than $45.90 per patient per month.[8]

Yet, by Depression standards even this was a sizable sum, considering that the average working man, a bus driver for example, earned $1,373 per year if he was lucky enough to have a job.[9] Under these dismal conditions, each and every donated dollar was hard-won. When the citywide "Save Mt. Sinai" Campaign wound down in late September 1932, the Mt. Sinai Home Association and the women's auxiliaries took up the banner. Night after night, representatives from the association's 50-plus Jewish organizations bustled into the homey Folke Shul Auditorium on Soto Street, noisily debating how to grab public attention. In addition to the usual spate of theater parties, charity balls and stage-screen star spectacles, featuring the talent of Joe E. Brown, Barbara Stanwyck, George Jessel and George Raft, compliments of the Hollywood movie studio heads, specialty events were scheduled. For example, the "Oklahoma Stampede and Thrills of the Air," staged at the Pasadena Rose Bowl, was jointly sponsored by the Central Labor Council and the association. Other novel events included a bathing beauty contest, whose winner "might possibly receive a screen test," and an elaborate mock wedding, performed by more than 100 Jewish gypsies who caravaned to Los Angeles for the occasion.

Confident that the auxiliaries were shoring up the present, the Mt. Sinai leadership began to plan ahead, convinced that Mt. Sinai wasn't destined to remain a small quasi-hospital/convalescent home forever. In what might appear as an audacious act under the financial circumstances, President I.B. Benjamin, Harry Blank's successor, began to lay the groundwork for Mt. Sinai's expansion and a broader medical agenda. As early as 1933, he publicly invited a philanthropic individual or group to "... endow a building as an annex to our present hospital structure which can be devoted to the study and treatment of cancer."[10] Such farsighted objectives inspired enthusiastic volunteers. By 1935, the women's auxiliaries and the Los Angeles Business Men's Club had secured enough contributions to build a nurses' bungalow adjacent to the existing hospital for the permanent nursing staff of 16.[11] Its completion rekindled the dream that Mt. Sinai might become Los Angeles' second great Jewish hospital.

The Home's leaders, including Peter M. Kahn, I. J. Miller, Chaim

Shapiro, Rabbi O. Zilberstein of the Breed Street Synagogue, and founding doctors Nathan Saltzman and Nahum Kavinoky, took the next step toward making this dream a reality by forming a new organization: the Beth Israel Clinic and Hospital Association of Los Angeles. A $25,000 construction drive announced in March 1937 aimed to build a full-service hospital on the Eastside, closer to the "Jewish centers" of the city than Cedars of Lebanon Hospital, located in distant Hollywood. Identifying themselves with "a mass movement for people's institutions that would truly represent Jewish philanthropy on a democratic basis," the Beth Israel Association sought to redress what they labeled as "injustices" rampant elsewhere: unfair residence requirements for welfare aid recipients, preferential treatment of paying over non-paying cases and the blatant disregard for special language and dietary needs of Jewish patients. By guaranteeing "a basis of service to the needy on such an ideal plane that there shall be no distinction between the recipient of the aid and the donors," the proposed hospital would truly set itself apart.[12]

Fund raising for the Beth Israel Clinic began with a charter banquet held at the Hebrew Sheltering Home for the Aged on April 18, 1937. By evening's end, $8,000 had been pledged in seed money. Word of the idealistic undertaking spread quickly. Communal leaders such as David Familian, Mahinia Silverberg, Dr. Louis G. Reynolds and J.A. Rosenkranz joined with newly formed Beth Israel Women's Auxiliaries, already 500 members strong by July, to plan a season of activities distinct from Mt. Sinai's. All this parallel activity proved redundant and it soon became obvious that the two hospital groups should become one. In November of the same year, Mt. Sinai Home for the Chronic Invalids and the Beth Israel Association merged forces under a new name and policy. Henceforth called the Mt. Sinai Hospital and Clinic, the move consolidated the boards of both institutions and their auxiliaries. Ben Tyre, elected to the Mt. Sinai Home presidency in 1937, was re-elected to serve as president for the combined entity.

The Mt. Sinai/Beth Israel merger was only one example of a larger communal trend to amalgamate the hundreds of independent health

More than 1, 500 people attended the dedication and opening of Mt. Sinai Clinic.

and welfare programs functioning within the Jewish community. This more unified approach came with the founding of the Los Angeles Jewish Community Council, an umbrella organization born from the United Jewish Welfare Fund, the United Jewish Community and more than 90 affiliated organizations. Membership was open to many groups who, like Mt. Sinai, were outside of the formal Jewish Federation and Community Chest network.

One of the council's first priorities was to assess the state of community health problems and medical care. Was there an unsatisfied demand for medical facilities of a specifically Jewish character? To what extent could those patients pay for medical care and hospitalization? The comprehensive health survey was conducted by Cedars of Lebanon Hospital Social Service Division with the thought that should the need be established, Cedars might oversee an eastside facility.[13]

But Mt. Sinai's leadership already knew the answers to these questions. Even before the survey was completed, building plans to double the Bonnie Beach Place facility from 50 to 102 beds were

Mrs. Abe Corenson, Robert J. Gans, and Edward L. Beck of Mt. Sinai's "Buy A Bomber" Committee

approved and property on the northwest corner of Michigan and Breed Streets was acquired from a Catholic institution as the future site for a free medical clinic. Advice was sought from leading authorities, including the heads of clinics from Los Angeles General Hospital, Cedars of Lebanon Hospital, Good Hope Memorial Hospital, White Memorial Hospital and other neighboring facilities.[14]

These initiatives effectively repositioned Mt. Sinai as the steward of public health for the Eastside's under-served population. Contributions for the $100,000 clinic flowed from civic and community quarters. The 2,500 men and women attending the ground-breaking ceremonies in June 1939 donated a total of $11,000 on the spot. Over the next year and a half, $75,000 would be raised through the Conference of Jewish Organizations for Mt. Sinai (later renamed the Associated Organizations), a coalition of more than 100 groups.

Mt. Sinai's 50-bed Bonnie Beach Place annex was dedicated in January 1940, but it was the clinic opening that community residents eagerly awaited. Eleven months later, on a blustery November day, ailing patients stood patiently in a line that curled around the block from the entrance of the two-story clinic building: fathers with wide-eyed children in tow, bewildered emigres, old people shuffling forward unsteadily on canes, pregnant women holding crying babies. Volunteer physicians, surgeons and specialists, a number of whom were associated with Cedars of Lebanon, manned 20 medical and surgical divisions. A handful of full-time nurses, assisted by trained volunteers, stood ready to field every imaginable complaint – from mysterious headaches to painful symptoms of incurable cancer. Eventually, the nurses' work would be coordinated under the watchful eye of Betty Gardner, clinic supervisor and one of Mt. Sinai's most ardent advocates.

The clinic's first case was a middle-aged family man, unemployed and on relief, who was suffering from an unspecified chest ailment. His examination completed, "with scarcely enough money for the bare necessities of life, he pulled a battered pocket book from his suit coat and offered a dollar bill, the only money in the pocket book, and said, 'Let me do my share.'"[15] His donation, along with thousands of others, was put to good and immediate use. In addition to serving local residents, the clinic was fast becoming the primary health resource for many Jewish welfare agencies such as the Jewish Home for the Aged, the Jewish Ex-Patients Home, Old Age Assistance, the Home for Wayfarers and the Julia Ann Singer Day Nursery. Crowded city hospitals also took advantage of the new facility. Patients poured in from The Little Sisters of the Poor, White Memorial, Good Hope Clinic and Cedars of Lebanon. It was a busy but rewarding time. Those who had been overlooked for so long were receiving affordable medical attention. Better still, the care was close to home, right in the center of Boyle Heights.

"The Spirit of Mt. Sinai"

As Depression woes gradually eased, the United States' entry into World War II became imminent. News services were awash with horrifying accounts of Jewish genocide on an unprecedented scale. Most of Los Angeles' Jews stood united with the majority of American Jewry in pressing government officials, a good portion of them political isolationists, for international relief and immediate interven-

tion. Other concerned activists brought attention to Nazi barbarism by participating in mass protests, product boycotts, vigorous public awareness campaigns and finally, war bond and salvage drives. By Dec. 11, 1941, Japan, Germany and Italy had declared war on the United States. In response to Axis aggression, the 77th Congress passed the Joint Resolution of War that was immediately signed into effect by President Roosevelt. For many, it was a moment painfully overdue.

The Mt. Sinai leadership, headed by Eugene H. Marcus after Ben Tyre's three successive terms as president, immediately embraced the war effort but was seriously absorbed with problems closer to home.

"The Spirit of Mt. Sinai"

The good news was that in 1942 the clinic had provided 19,617 days of hospital care to 27,696 patients; the bad news was that, as a result, the operating deficit was approaching $25,000. Approximately 60 physicians were providing medical attention to more than 2,500 persons a month who paid, on the average, a mere 25 cents of the $1.25 cost per visit. In addition to routine examinations, a growing array of supplementary services was provided, many of them costly. For example, an entry from the clinic log lists: 1,292 prescriptions, 448 physiotherapy treatments, 244 X-ray films, 204 hypodermics, 23 electrocardiograms, 19 basal metabolism and 12 glasses.[16] Ignoring the threat of overruns, Mt. Sinai promised to continue free treatment "... when every ounce of man and woman power, every moment of labor time is essential to Victory."[17]

Mt. Sinai supporters backed its role as "defender of the home health front" 100 percent. During this time, much-needed proceeds from the Clinic's annual benefit dinner were split with the Russian War Relief. In another patriotic gesture, the Associated Organizations raised enough money through war bond sales to buy a flight bomber, christened "The Spirit of Mt. Sinai." But how could an institution

In another patriotic gesture, the Associated Organizations raised enough money through war bond sales to buy a flight bomber, christened "The Spirit of Mt. Sinai."

dedicated to saving lives justify destroying others? The answer reflects the moral imperative of the day: "If we want to live in a world of mercy, kindness and love, we must first destroy Nazi-Fascism," Robert J. Gans declared emphatically, shortly after assuming the Mt. Sinai presidency in late 1943.[18]

By 1944, medical provisions were in short supply and the thinning ranks of civilian medical personnel put pressure on the volunteer doctors left behind. Yet, austerity was no match for Mt. Sinai's loyal supporters. By the last year of wartime privations, the clinic delivered even more care to patients than ever before. Moreover, a new auditorium, dining room and recreation hall for the Bonnie Beach Place site

Mt. Sinai Hospital

Presidents

1922-23	William Raab
1923-24	H. Devore
1924-28	M. Kaufman
1928-32	Peter M. Kahn
1932-33	Harry Blank
1933-35	I.B. Benjamin
1935-37	Alfred Lushing
1937-40	Ben Tyre
1940-43	Eugene H. Marcus
1943-51	Robert J. Gans
1951-54	Samuel Pensick
1954-57	George Heltzer
1957-58	Maurice Holman
1958-60	Lester M. Finkelstein
1960-61	Norman Feintech

Chiefs of Staff

1918-45	H.P. Jacobson, MD
1945-47	Maurice Rosenfeld, MD
1948-49	Alex A. Rogers, MD
1950-57	Sidney Soll, MD
1958-59	Nathan Barshop, MD
1960-61	Edward Phillips, MD
1962-64	Maxwell Andler, MD
1965	Nathan Barshop, MD
1966-68	Joe Golenternek, MD
1968-71	Marshall Friedman, MD
1972-74	Irwin Weinstein, MD

was funded by and named for Mr. and Mrs. Emil Brown, and an endowment was made for a 60-bed Acute Care wing adjoining the clinic by Phil Goldstone.

These welcomed improvements signaled a new phase of expansion. In the summer of 1945, just two months after V-E Day, Mt. Sinai Hospital and Clinic hosted its 21st Annual Meeting with the specific goal of charting the institution's long-range development. A congress of more than 400 Jewish community leaders met at the Wilshire Boulevard Temple to hear keynote speaker Dr. E. M. Bluestone, an eminent authority on hospital planning and director of New York's famed Montefiore Hospital. Bluestone's model of a medically efficient hospital was one that incorporated both urgent and long-term care,

The fledgling Cancer Aid Association of Mt. Sinai set out to build a cancer research laboratory and specialized treatment clinic on the Bonnie Beach Place hospital grounds.

along the lines of a general hospital. "I can envision an institution with departments for acutely ill people as well as for those with tuberculosis, heart disease, mental ailments and other chronic illnesses," Bluestone began. "Such an institution would ensure the most complete and competent staff and would stimulate research."[19] The assembled delegates were riveted by Bluestone's address. And no wonder: His vision of a comprehensive medical center for the future matched theirs perfectly.

Southern California was changing more rapidly than anyone could have imagined. Wartime industry had attracted hundreds of thousands of workers to the Southland from all corners of the United States. And while this wave of immigrants contributed to the Los Angeles County's phenomenal growth, from 2,285,000 inhabitants in 1940 to 4,151,687 in 1950, they comprised only a small percentage of the new arrivals.[20] California worked its magic on countless soldiers returning from the Pacific Theater of Operations. Charmed by the scent of orange groves and not-to-be-believed climate, many remained after being discharged. Joining them were discontented easterners, young and old, seeking a better life.

Local civic leaders viewed the inrush of newcomers cautiously, fearing that the scarcity of post-war jobs and housing might force immigrants to rely on already glutted social services. Translated into health care terms, the rapid population growth spelled severe hospital bed shortages. This, ironically enough, just as medical innovations were exploding. The war had spawned startling procedural and therapeutic advances, most notably the development of antibiotics. With the stranglehold of infectious diseases broken, chronic illnesses, such as cancer and heart disease, would soon become the top medical priorities.[21] The implications were clear: Mt. Sinai must progress or perish.

An Ill-Fated Alliance

The push was on. The Mt. Sinai Men's Club launched the biggest membership drive of its history. New auxiliaries sprung up like peace gardens, targeting key projects that reflected the postwar emphasis on scientific research. One in particular, the fledgling Cancer Aid Association of Mt. Sinai, set out to build a cancer research laboratory and specialized treatment clinic on the Bonnie Beach Place hospital grounds. Embryonic as the effort was, by 1946, Mt. Sinai had purchased $28,000 worth of special cancer equipment, including a "lead-lined room for the safe administration of deep X-ray therapy."[22] One year later, an Acute Cases Department was established, complete with a "finely" equipped surgery and laboratory, one full-time technician and a pathologist.

But the pressure for more sophisticated facilities and equipment was only part of the complex health care equation that characterized

the immediate postwar years in Los Angeles. Suddenly, there were too many doctors and too few hospital beds. Young Jewish physicians, seasoned in World War II battlefield hospitals and eager to set up civilian practices, flooded Cedars of Lebanon Hospital with applications. Many were denied. The squeeze also affected those with prior staff positions whose privileges were severely restricted upon their return from the war. In addition, an already frustrating situation was aggravated by "blocked booking," a preferential policy whereby senior physicians were granted priority when reserving rooms and scheduling operating theaters.

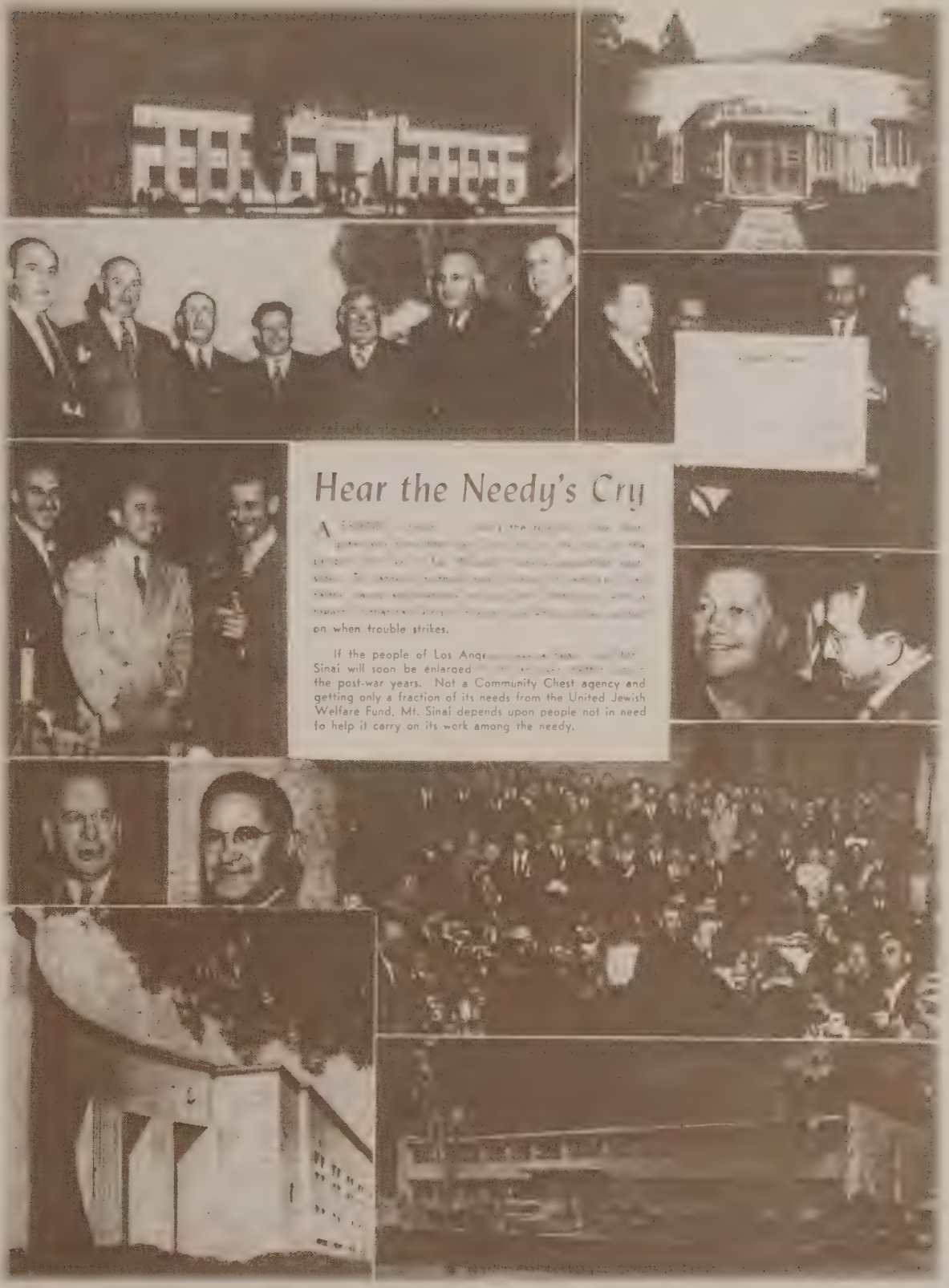
"There was no office space and no insurance practice at the time and I had difficulty getting beds in any hospital," Nathan Barshop, MD, former chief of staff (1958-1959), recalled. "With only five surgical beds at Cedars coming available each month, I really had to struggle to get my practice going."[23] While they struggled, a group of physicians invested their "free" time at Mt. Sinai. "Breed Street was like a 'promise clinic,'" Ed Shapiro, MD, commented, "You worked there because you knew that eventually there would be a large Mt. Sinai Hospital and you would be entitled to be on the staff."[24] These "Young Turks," as some refer to themselves now, devoted hundreds of hours, both on duty caring for the needy sick and off-duty raising critical funds to achieve just that.

Mt. Sinai's official conversion from a custodial hospital to one that attended emergency as well as chronic cases was announced by President Robert Gans in January 1947. According to the new policy, priority would be given to patients whose clinical diagnosis dictated surgical and hospital treatment; indigent convalescents were, from this point on, to be referred to other human welfare agencies. In tandem with this shift of emphasis came a flurry of medical improvements initiated by the medical board, headed by A. A. Rogers, MD, former chief of staff (1948-1949). A dental clinic and tumor board were established. A staff of chiropodists was also added to the diabetic department, along with a dietitian. Shortly thereafter, a physiotherapy department, complete with diathermy, whirlpool baths and hydrotherapeutic tanks, was donated in its entirety by Hyman Levine.

A young patient gets an X-ray of his fractured arm at the Mt. Sinai Clinic. The boy was one of the many needy men, women, and children who daily crowded the clinic for free medical care.

The clinic was now more than 100 volunteer physicians strong and offering more treatment options than ever. Yet, the number of beds to meet the insatiable demand for these expanded services lagged far behind. Mt. Sinai's board had grappled with this problem for years, but now conceived of a possible solution. In a bold stroke, they voted to merge with the Los Angeles Sanatorium, also known as the City of Hope and operated by the Jewish Consumptive Relief Association. After the public announcement in July 1947, several hundred officers and representatives from Mt. Sinai's affiliates and auxiliaries met and passed a resolution endorsing the board's decision as "one of the most important steps in the unification of Jewish philanthropy in the southwest." The merged institution, named the Mt. Sinai-Duarte

Banquet staged by the Associated Organizations to celebrate their successful annual picnic for benefit of Mt. Sinai Hospital. At lower left is the institution itself. At lower right, the proposed new hospital building, toward which $25,000 was donated at the banquet. At top left is the free medical clinic; and right, the auditorium, which was built on the hospital grounds. Other pictures were taken at the dinner. At upper left: George Heltzer, Jerome Posner, Sam Hoffman, Associated Organizations President Louis L. Silverberg, Sam Barlin, Mt. Sinai President Robert J. Gans, and Executive Director Max E. Mark. Beneath, "Musketeers" Louis Diamond, Sam Lippert and Jack Barton; with Henry Passeltiner, president of the Riga Kurland Society, and William Rieber, president of the Bay Cities Men's Fraternal and Benevolent Club, shown in insets at right. Group at top right includes Louis L. Silverberg, Jacob Meltz, Max E. Mark and Robert Gans in presentation of a receipt for $17,500 given by the Associated Organizations. Insets directly beneath show Mrs. Ben Levy, who pledged $12,000 to finance the building of a synagogue and library on the hospital grounds, and A. Maymudes of the I.W.O. The scene below represents just a fraction of the crowd at the trememdous gathering.


Hear the Needy's Cry
on when trouble strikes.
If the people of Los Ang
Sinai will soon be enlarged
the post-war years. Not a Community Chest agency and getting only a fraction of its needs from the United Jewish Welfare Fund, Mt. Sinai depends upon people not in need to help it carry on its work among the needy.

National Medical Center, was slated to house a 700-bed hospital for tuberculosis, cancer and other major diseases, facilities for post-graduate medical education, a department of clinical research, a nurses training program, and eventually a medical school.[25]

The "medical metropolis" was everything that Mt. Sinai had hoped to become. It was to occupy the 75-acre Sanatorium site in Duarte, a small town 20 miles east of Los Angeles, where tubercular patients were first treated in two makeshift tents some 33 years before. The $7 million building plan was to be financed, in part, by combining the two institutions' assets, including the monies Mt. Sinai had raised for the construction of a Westside hospital. Leading the enterprise were the newly elected officials: president Louis Tabak, former president of the Los Angeles Sanatorium; Robert J. Gans, chairman of the board; and a lengthy roster of familiar names associated with Mt. Sinai.

Joint fund-raising began immediately with the Mt. Sinai Associated Organizations and Sanatorium's Central Jewish Committee co-sponsoring an August carnival and picnic. This was immediately followed by a $2 million capital funds campaign, launched simultaneously in Boston, New York, San Antonio, Milwaukee, Chicago and several other cities. Mt. Sinai, abruptly catapulted into the national philanthropic arena and on its way to being seven times as large, was losing its cherished identity as a small, community-based clinic.

From the outside, the adjustment looked seamless. But behind the scenes, there was as much acrimony as agreement. In March 1948, the first of a series of planned clinical consolidations was begun with the transfer of the Sanatorium's Chest Clinic on Hazard Street to Mt. Sinai's Breed Street Clinic and the dedication of two new hospital wings at Duarte. Although things seemed to be moving in the right direction, the majority of Mt. Sinai physicians who had pinned their hopes on a Westside hospital disagreed. From their perspective, the Jewish population was moving west, not east, and supporting the Duarte location would benefit the City of Hope more than the City of Los Angeles in the long run. The dissenting doctors petitioned the board to abandon the merger immediately. Much to their chagrin, the board refused.

With no room left to maneuver, the Mt. Sinai doctors resorted to an extreme tactic, a strike that shut down all but emergency service in the clinic and hospital. Impassioned meetings, hastily organized by the Mt. Sinai-Duarte board and concerned community groups, followed. Debate raged and tempers flared. But, in the end, the doctors' risky gambit paid off. According to Dr. Rogers, "The community groups and the physicians passed a resolution in full support of a Westside hospital and 'God Bless the City of Hope,' they could go their own way. The board backed down and asked the doctors to come back. We said we would on the condition that the plans for a new Westside hospital would go ahead."[26]

The realization of a Westside hospital was finally within reach and now was the moment to seize it.

The short-lived entity known as the Mt. Sinai-Duarte National Medical Center was dissolved on Aug. 11, 1948 after only 11 months of unified action. A statement issued by the board of directors explained the "stern facts" that had led to the following inescapable conclusion: "The Duarte institution is national in scope, with approximately 50 percent of its patients coming from the Los Angeles area, and is dedicated to the treatment of specific long-term major illnesses. The Mt. Sinai Hospital and Clinic serves the local community exclusively in the treatment of acute and chronic diseases."[27]

Mt. Sinai emerged from the imbroglio with its objectives clarified and momentum revived. In February 1949, Robert J. Gans, re-elected as president of Mt. Sinai for the seventh consecutive year, led the fund-raising charge. The realization of a Westside hospital was finally within reach and now was the moment to seize it.

5

The Guardian of Community Health: Cedars of Lebanon Hospital

1930-1950

Surviving Hard Times

The Depression posed a severe test for America's health system and an even greater trial for citizens who were ill. Many middle-class families, whose incomes had dropped so precipitously, could no longer afford medical care. Some stopped seeking medical attention altogether; others swallowed their pride and resorted to charity clinics. Side by side with the poor, they applied to city welfare departments for supplemental payments to help defray personal medical costs. In what was the inadvertent beginning of public financing of medical services for the disadvantaged, cities turned to state and federal governments for reimbursement of services heretofore rendered free by local hospitals and social agencies.[1]

an admissions census taken at the time, 50 percent of Cedars' patients were non-Jewish. One event, in particular, captured the ecumenical spirit of the new hospital: The Maternity Ward's first birth was a boy, of Catholic parentage, with a Jewish doctor in attendance.

Another reason for Cedars' success was the sterling reputation of its medical doctors, headed by Dr. Henry Lissner. Although limited to a staff of 85 physicians, Kaspare Cohn Hospital had built a solid and extensive reputation. When the much larger 278-bed facility opened on Fountain Avenue, there was finally room to accommodate more of the city's best Jewish physicians, some of whom had experienced discrimination in non-Jewish hospitals. By 1931, 370 physicians were enjoying admission privileges in a professional setting that was clearly

Convivial as the atmosphere was between physicians, a sense of decorum and formality reigned in the hospital corridors. Suits and ties were required attire for medical rounds, mustaches and beards were conspicuously absent, and professional exchanges tended to be cordial but restrained.

Naturally, these conditions severely impacted physicians. Not only were there fewer paying patients, those who could pay their bills took longer. One study conducted during the period found that the average net income of a California doctor fell from $6,700 in 1929 to $3,600 in 1933.[2] Dwindling private practices went hand in hand with tumbling hospital revenues. Without patients, hospital rooms stood vacant and equipment lay under-utilized. Most hospitals struggled to stay solvent, as did Cedars of Lebanon. But remarkably, Cedars did more than survive these vicissitudes; the institution advanced in spite of them.

Within a year of Cedars' opening, the hospital was as busy as ever. All the floors, with the exception of the fifth, were in use. One reason for the hospital's popularity was its nonsectarian admissions policy, a message that reached the general public loud and clear. According to

distinct from other medical institutions in the city. "Cedars of Lebanon differed a lot from other community hospitals," said Dr. Josephus Reynolds, former chief of staff (1968-1970), whose physician father had been a Kaspare Cohn Hospital staff member. "The vast majority of the doctors practiced a specialty, and that unique policy really elevated the standards of patient care and set Cedars apart."[3]

Not unlike members of an exclusive men's club, Cedars' doctors (nearly all were men) enjoyed a unique esprit de corps. Yet, convivial as the atmosphere was between physicians, a sense of decorum and formality reigned in the hospital corridors. Suits and ties were required attire for medical rounds, mustaches and beards were conspicuously absent, and professional exchanges tended to be cordial but restrained. Junior physicians got their start as part of the "courtesy staff" and worked up to the rank of senior attending physician. The

One reason for the hospital's popularity was its nonsectarian admissions policy, a message that reached the general public loud and clear. According to an admissions census taken at the time, 50 percent of Cedars' patients were non-Jewish.

Seniors, numbering 120 in 1930, occupied an almost reverential role in the hospital's hierarchy. Because Cedars was yet to officially affiliate with a medical school, they were entrusted with instructing eager interns and "...deciding the more technical points which arise and offering suggestions as to improved methods."[4]

The Seniors' expert supervision soon gave rise to a more structured program when the hospital was approved for rotation internships by the American Medical Association later that year. According to Dr. Reynolds, Medical Service teaching and care responsibilities were invested in four attending physicians, appointed for a period of six years. One pair alternated duties with the other every six months. Medical Grand Rounds were held once a week and took the place of topical lectures, providing the only opportunity to discuss opinions and observations of atypical or problematic cases.[5]

Four interns, fresh out of medical school, comprised the first class of interns in 1931. One of them was Dr. Maxwell P. Lipman who vividly recalled his first impressions: "I was coming from the staid old city of Philadelphia, so it was the newness and vitality of the hospital

that impressed me," he recalled. "The attending staff had quite a reputation. Many were on the staff of USC and enjoyed respect. Yet, they would invite us neophytes to parties and dinner. Even though there was a lot of competition, there was a lot of comradeship, too."[6]

Close and more casual professional relations developed in the clinic, where there was little room and less time for formality. In a space designed to handle a maximum of 1,500 patients a month, 75 doctors (obliged to donate their time in exchange for attending privileges), a handful of dentists, seven paid workers and 28 volunteers managed 19 clinics. After only one year in operation, patient visits to the clinic reached 23,923; by the end of 1932, that number had increased 80 percent to 43,367.[7]

Los Angeles Sanatorium. In 1933, the organization set up Cedars' first free maternity care program for 70 indigent mothers and, by the following year, were donating $150 per month towards the purchase of glasses, surgical appliances and dentures for impoverished patients. Other women's groups, the Playmates, the Bandage Group, the Loving Workers Sewing Club, the Kiddies Klothes Club, the True Sisters and the Progressive Circle, came to the clinic's rescue as well.

However, by 1934, even these heartfelt gestures could not bridge the widening financial gap. More than 30 percent of the hospital's care days were utilized by needy patients, who comprised only 25 percent of the institution's total admissions. Revenues from this group amounted to little more than a pittance: 5 percent paid 10 cents a visit

The Nazis' brutal campaign to discredit German Jewish doctors and abridge their rights to practice was particularly unsettling for the local medical community. Cedars of Lebanon Hospital was to become a safe haven for a small fraction of the thousands of physicians driven out of Europe.

This phenomenal rise in case load was ideal for honing doctoring skills, but alarmed the budget-minded trustees. So large were the combined deficits of the Outpatient Department, Clinic and 50 free or part-pay hospital beds that it accounted for nearly half of the hospital's total operating deficit of $58,416.56. From their point of view, the cost of free care was quickly placing a disproportionate burden on the hospital and undermining its overall economic health. Urgent measures would soon be in order unless a way could be found to bolster revenues.

But who was there to turn to? Meager subsidies provided by the Community Chest defrayed only a small portion of the overruns and most other philanthropic agencies were barely scraping by themselves.

Enter the Helping Hand Society, comprised of more than 400 "society matrons," whose good works were also associated with the

and 29 percent paid 25 cents a visit, while the remaining percentage received care entirely free of charge.[8] Even so, the board could not bring themselves to shrink services. Instead of imposing cutbacks, they announced that the hospital would carry the debt until the "stringent financial conditions" lifted. To demonstrate their unshakable optimism they purchased a parcel of land adjoining the hospital for the clinic's future expansion.

Nor would the board entertain even a temporary halt to the hospital's progress. Every bequest, now farther and fewer between, was considered a significant gain. One such gift, $12,000 from Mrs. Natalie Isaacs in memory of her husband, Louis Isaacs, enabled the Cancer Clinic to acquire 200 milligrams of radium for treatments. Another, based on monies realized through the sale of property donated by Mrs. Charlotte P. Fresenius, helped the Cardiac

Arial view of Cedars of Lebanon

Cedars of Lebanon - X-ray facilities

Department purchase new life-saving equipment. These and other incremental improvements were no small achievement in light of prevailing circumstances.

Although the hospital's well-being remained uppermost in the trustees' minds, they kept a vigilant eye on Hitler's chilling rise to power. The Nazi's brutal campaign to discredit German Jewish doctors and abridge their rights to practice was particularly unsettling for the local medical community. As a way of drawing attention to this frightening predicament, Cedars of Lebanon Hospital organized a banquet celebrating the 800th anniversary of the birth of the Maimonides, rabbi, teacher, philosopher, doctor of medicine and symbol of Jewish dignity and survival. By honoring Maimonides, every Jewish doctor citywide was invited to reaffirm his or her connection to the ancient genealogy of Jewish physicians before them and demonstrate solidarity with all those persecuted abroad. Few anticipated that soon thereafter Cedars of Lebanon Hospital was to become a safe haven for a small fraction of the thousands of physicians driven out of Europe. Perhaps the encomium, in some prophetic way, served as preparation to receive them.

Cedars of Lebanon Hospital also stood as the beacon of pride and hope for Los Angeles' Jewish health professionals, who then numbered approximately 440 physicians, 261 pharmacists, 233 dentists, 200 social workers, 94 nurses, 20 chiropractors and nine osteopaths.[9] Many, like the population at large, held out little hope for steady employment, or any employment for that matter. And while Cedars' couldn't possibly provide placement for everyone, it embodied great potential, a perception the board fought hard to maintain. On the service side, the hospital was growing by leaps and bounds. According to President Lemuel Goldwater's 1938 Annual Report, Cedars' doctors had treated 7,230 adults for a total of 79,953 patient days, conducted 5,479 operations, assisted in 969 births and provided 8,005 X-ray treatments for 385 patients.[10] A glowing record by any standard.

War tensions also affected those here at home, and public health issues began to have a significant influence on Cedars' development. After a severe jump in the hospital's psychiatric admissions, Los Angeles' first mental hygiene clinic opened at Cedars of Lebanon in the spring of 1943.

But unfortunately, this wasn't the whole story. Not disclosed publicly was how low revenues had dipped, so low as to force the unpopular decision to temporarily scale back clinic activity to 1931 levels. If a choice had to be made between overextending free service and placing the hospital in financial jeopardy or reducing the number of clinic patients and ensuring quality of care, it would have to be the latter. After all, weren't better times supposed to be just around the corner? Fortunately, by the following year, they were.

The Momentum Restored

Nineteen thirty-nine marked a reawakening of philanthropic zeal by the hospital's most faithful contributors.

Donor sponsorships revived, after what seemed like an interminable pause, and the hospital was the recipient of much-needed medical equipment: a bi-plane fluoroscope provided by William Getz, Joseph Schenck and Sol. M. Wurtzel through the cooperation of Dr. Joel L. Pressman; an oxygen chamber for premature babies, a gift of Mrs. Mervyn LeRoy; a dermolator machine for physiotherapy donated by the Helping Hand; and a $300 microscope funded by Mrs. Charlotte P. Fresenius.[11] With all of these enhancements, there was no doubt that Cedars of Lebanon Hospital was back on track.

A decade-long building moratorium also was rescinded. Thanks to a generous endowment of $50,000 from the Max Straus estate, a new clinic building was scheduled for construction on the northeast corner of Fountain Avenue and Berendo Street. Support also came from Jack Warner, on behalf of the Motion Picture Relief Guild and Will Rogers' Memorial Fund, that came forward with a $100,000 gift. When completed, the 48,000-square-foot building would accommodate 70,000 patient visits per year. Claud Beelman's architectural design called for the Outpatient Department to occupy the first and second floors, with the Inpatient Department housed on the upper two. An underground tunnel, through the basement, was planned to provide convenient access to the main hospital.

Coincident with the building of the new clinic, but far more modest in scope, was the hospital's first Research Department Laboratory, a small, nondescript structure, tucked behind the nurses' residence. Constructed and equipped at a cost of $20,000, the bare-bone laboratories were completed by the spring of 1940. As the first community hospital research facility in the western United States, this unimposing first step formalized Cedars' long commitment to medical innovation, begun by Dr. Edmond Lazard's pioneering work in obstetrics and gynecology, and Dr. Henry Lissner's introduction of the electrocardiograph to the West Coast in the early 1900s. In the late 1930s, this tradition was being carried on by Dr. Myron Prinzmetal, known then as the nation's dean of cardiac research.

One thing that set Cedars of Lebanon Hospital apart from all the other up-and-coming medical institutions in Los Angeles was the board's universal commitment to establish a top-notch medical research facility.

The dedication ceremonies of the updated clinic building on Nov. 16, 1941, roughly one month before the United States' entry into World War II, celebrated the achievement of a long-cherished goal: to house a comprehensive community health program under one roof. The 89-bed facility, including 14 beds for children, had cost $350,000 to complete. Fortunately, supplemental funds amounting to $114,142.70 were provided by the rebounding Community Chest for expanded services.[12] Overseeing the care of nearly 67,000 patient visits in 1942 was Dr. Adolf Kutzmann, director of the Outpatient Department, and his staff of approximately 162 physicians.

Never before had they witnessed such a diversity of clinic patients. In the past, the waiting room had usually been bustling with elderly patients on fixed incomes and poor patients who earned just a little too much to qualify for county assistance. But now, the clinic began to fill with European Jews who had managed to escape the Holocaust. These new immigrants embodied the true horror of World War II. Aside from a host of physical ailments, many were suffering from severe psychological trauma with psychogenic repercussions. Even more tragic were the Nazi death camp survivors who arrived after the war.

"I saw many survivors of the Holocaust, including two Christian Polish women who were victims of Dr. Mengele's surgical experiments," explained Dr. Samuel Glass, a respected physician who began his endocrinology practice at Kaspare Cohn Hospital in 1926 and established the first diabetic, endocrine and fertility clinics at Cedars. "I became the 'Beloved Doctor' to one Jewish woman who had become infertile in the concentration camps, but then went on to have 10 children! Because I helped her, she continues to send me a collection of the finest Jewish cakes, cookies and jams to this day."[13]

Although hardly comparable, war tensions also affected those here at home, and public health issues began to have a significant influence on Cedars' development. After a severe jump in the hospital's psychiatric admissions, the Federation of Jewish Welfare Organizations and Council of Social Agencies suggested establishing Los Angeles' first mental hygiene clinic in cooperation with the hospital. In the spring of 1943, Dr. Eugene Ziskind, along with six volunteer psychiatrists from the Los Angeles Psychiatric Services, an executive psychiatric social worker and a staff psychologist were ready to provide adult treatment.[14]

1948

Blanche May Memorial Institute for Medical Research

The 17,000-square-foot Cedars' Blanche May Memorial Institute for Medical Research (named in memory of the May's daughter) provided the infrastructure for Cedars of Lebanon to proceed with advanced research activities that would enable the hospital to participate in the larger research arena. The institute was dedicated in 1948, and expanded to 24,000 square feet in 1966. The facility included laboratories complete with individual temperature and air controls, and piped-in distilled water. Space also was allocated for the housing of experimental animals, a library, specimen museum, medical photography studio and a machine shop for tooling special apparatus. Another set of customized features provided for the storage and handling of radioactive materials, used increasingly in experiments pertaining to circulatory and thyroid diseases.

Pharmacy at Cedars of Lebanon

Some months later, "war tensions" also were implicated in the city's high infant mortality rate: 40.9 babies died out of every 1,000 live births, ranking it fourth highest in the nation. Cedars of Lebanon took the lead by planning the installation of a "premature birth station," slated to be the largest and most modern on the West Coast. A $100,000 fund-raising campaign sponsored by Los Angeles' Variety Club, an organization comprised largely of leading figures in the entertainment world, got the project rolling.[15]

As the war effort became the nation's first priority, the hospital began to experience shortages and pressures that affected its efficiency. Rapidly increasing medical costs, a brisk turnover of both trained and untrained personnel, and the high birth rate (due to the influx of defense workers) topped the agenda at the Board of Trustees' 1943 Annual Meeting.

Close to 45 percent of the hospital's doctors, with the exception of department heads, most of whom were beyond draftable age, were joining the Armed Forces. In the clinic, interns were often required to assume the responsibilities of residents or junior physicians who were called into active duty. Registered nurses were in short supply, too. Their services were at such a premium that the Volunteer Worker's Group, 80 women strong, stepped into the breach, performing such routine tasks as preparing patients for examinations, filling out clinic forms and arranging appointments.[16] All this, when admissions reached a record-high of 11,605 patients, 20 percent higher than they had been the previous year.

When the remarkable 15-year tenure of President Lemuel Goldwater ended with his death in July 1944, Ben Meyer, who had already served as the hospital's president from 1919 to 1925, was elected to succeed him. Under Goldwater's stewardship, Cedars of Lebanon Hospital had taken its greatest leaps, from the antiquated wards of Kaspare Cohn Hospital to the gleaming corridors of modern Cedars of Lebanon Hospital. Goldwater and his board of directors had led this steady transformation believing that Cedars was destined to become even greater. And newly installed President Ben Meyer wouldn't rest until it was.

The Dividends of Peace

Prior to World War II, the vast majority of medical research was conducted in university and pharmaceutical laboratories, and largely financed through private sources, endowments or foundation grants. But with peace, investigations, especially those in the areas of mental health and basic science, won more and more government backing. This shift was due in large part to the developing public perception that the applications of scientific knowledge would enhance and safeguard their lives. The research budget of the National Institutes of Health, for example, grew so fast that the agency would dramatically change the role of voluntary hospitals and the doctors who staffed them. Cedars of Lebanon Hospital, through its incipient research programs and reputation as a specialty hospital, was poised to take advantage of this vitalizing trend.

Because construction had slowed so drastically for the decade and a half that spanned the Depression and war, the first step was to remedy the nationwide shortage of hospital beds. Like other cities, Los Angeles was eager to catch up. So while federal financing programs were being proposed and voted on in Washington, D.C., programs that required communities to raise a proportion of the building costs themselves were being launched at the grass-roots level. At Cedars, Ben Meyer, quick to seized the initiative, announced a $2 million expansion drive in November 1945, a preliminary figure that would be revised several times over in the years to come. Never one to stand back and wait, he asserted, "Cedars of Lebanon Hospital must provide its share ... the 200 beds in the structures we hope to build are an obligation to the community hospital system."[17]

As part of a comprehensive health care network projected for Los Angeles County by 1970, Cedars of Lebanon Hospital would function as an Urban District Hospital for the Hollywood-Beverly Hills area, along with Hollywood Presbyterian, Wilshire Hospital and Memorial Medical Center.[18] Meyer's plans boosted Cedars' capacity by 65 percent by adding a 100-bed maternity wing, a 65-bed clinic annex and 35 more beds for children. The projected patient load of 19,000 annually also required the construction of a new power plant, laundry, and nurses' school and residence.

But the real masterstroke, the one that set Cedars of Lebanon Hospital apart from all the other up-and-coming medical institutions in Los Angeles, was the board's universal commitment to establish a top-notch medical research facility. If the trustees were right, an enriched investigative environment would enhance the hospital's national and international reputation by attracting renowned physicians from all over the country who would serve on the hospital's staff as researchers, department chiefs and teaching faculty. Such a task was a heady and costly risk for a community hospital, but one that the board and medical committees were willing to take.

Mr. and Mrs. Tom May and Harry Warner were the first of many to back the research endeavor with $150,000 and $100,000 contributions, respectively.[19] Once this maintenance fund was in place, the board recruited and confirmed the appointment of Dr. Harry Goldblatt, an internationally famous pathologist from Western Reserve University in Cleveland. As the Medical Research Institute's first director, Dr. Goldblatt would discover one of the major causes of high blood pressure and pioneer research that explored the relationship between kidney disease and hypertension.

In the fall of 1946, Goldblatt and his colleague, Dr. Erwin Haas, also from Western Reserve University, were welcomed by a small circle of researchers, all immersed in their own ongoing projects: Dr. Prinzmetal and his team, including Dr. Rex Kennamer, were investigating the use of antibiotic agents to treat infection in traumatic shock, developing micro-instruments capable of making measurements deep within the heart and experimenting with radioactive materials in the treatment of thyroid disease. Dr. Reuben Straus was equally dedicated to his inquiry into anti-reticular cytoxic serums, developed by the Russian scientist Dr. Bogomelet and an area of interest shared by Dr. Goldblatt.[20]

Dr. Goldblatt spent the whole of 1947 defining specifications for the Blanche May Memorial Building, named in memory of the Mays' daughter, with architect Albert C. Martin. The final building plans were a research scientist's dream: 17,000 square feet of sound-, shock-, fire- and germproof laboratories complete with individual temperature and air controls and piped-in distilled water. Space also was allocated for the housing of experimental animals, a library, specimen museum, medical photography studio and a machine shop for tooling special apparatus. Another set of customized features provided for the storage and handling of radioactive materials, used increasingly in experiments pertaining to circulatory and thyroid diseases.

At the institute's dedication ceremonies in April 1948, Dr. Stafford L. Warren, then dean of the UCLA School of Medicine, summed up Cedars' mandate when he stated: "The time is past when hospitals can fulfill their responsibilities to the community merely by providing for the care of persons already sick. Today, we look to them to carry forward investigations into the cause of disease ... research is the fountainhead from which treatment methods spring."[21]

Gifted investigators were already tackling thorny experimental problems under Cedars' aegis, from gastrointestinal physiology to pituitary diseases to arteriosclerosis, cancer, diabetes, kidney function, blood clotting, heart surgery, neurological conditions, infant diseases and aging. Now that the infrastructure for advanced research was in place, the hospital was positioned to participate in the larger research arena. It was with great delight, but not surprise, that within weeks of Dr. Warren's words, Cedars of Lebanon Hospital was chosen by the American Medical Association to represent the southwest states in a national study investigating the use of steroids in the treatment of breast cancer.

Cedars' accruing prestige was a product of years of careful investment in other areas as well. Following World War II, the hospital's leaders had begun to recruit notable physicians to the already distinguished Cedars' roster. Among them: Dr. Tracy Jackson Putnam, discoverer of dilantin, became chief of Neurosurgery in 1947; Dr. Henry L. Jaffe, an authority on the use of radiation treatment of cancer, accepted the full-time directorship of the Department of Radiation Therapy in 1948 and then named Dr. Henry Lanz, a former Manhattan Atomic Energy Project biophysicist, as a research associate

later that year. While the first full-time faculty position outside of pathology, X-ray, radiation therapy and electrocephalography wouldn't be filled until the 1950s, Cedars of Lebanon Hospital was laying the foundation for becoming a medical teaching center.

Cedars' brain trust also included a staff of more than 700 physicians, nearly half of whom were board-certified specialists in their fields, eager to employ the tremendous arsenal of war-born medical research for peace-time applications.[22] The hospital offered treatment modalities based on the newest scientific findings as soon as they were available. Examples include post-polio therapies, radioisotope treatments and fertility counseling. Specialized outpatient services also proliferated as Cedars' highly skilled staff mainstreamed medical innovations. Clinics in the areas of epilepsy, hypertension, chest surgery, hematology, peripheral-vascular diseases, psychiatry, head and neck tumors and speech defects were added as fast as space and resources permitted.

So broad were the range of clinical issues that open medical forums designed to address special problems and procedures unfamiliar to the general staff were scheduled on a regular basis. By 1948, 12 interns and eight residents, as well as visiting physicians and surgeons, had access to more in-house educational programs than ever before. One course, for instance, offered training in the fundamentals of psychiatry by members of the hospital's psychiatric clinic. By the conclusion of the nine-week seminar/special conference program, non-specialists were able to identify and treat a patient's psychiatric problems in their early stages or refer more complicated cases to any of the nine qualified psychiatrists on staff.

With so much medical, educational and research potential in one place, it seemed as though the promise of countless medical miracles was limited only by Cedars' ability to finance them. Clearly, the price of progress was dear. Excellence required the best facilities, equipment, staff and personnel, and the best was expensive.

To help meet the requirements of continued excellence, a $1 million fund-raising drive toward the construction of a 125-bed, $2,500,000 Maternity and Pediatrics Pavilion was launched in December – just in time to commemorate Cedars' 1947 "bumper baby crop" of 2,278 births. Hollywood stars turned out in support: Al Jolson deeded his two-acre, 14-room estate on Mulholland Drive to the cause, and Lauren Bacall presented a gift check for an undisclosed amount to the Women's Division, chaired by Mrs. Louis J. Halper. The drive lasted for three months and garnered $500,000 for the first expansion phase: a 26,000-square-foot power plant and laundry with the capacity to service future hospital buildings.

The second wave of the capital funds campaign took place in February 1949 and was headed by George M. Thompson and Jacob Rich, former national campaign director of the Urban League, and Cedars' first full-time director of fund raising. Industry divisions were organized along the most powerful business lines in the Jewish community: Alfred Hart and Harold Jacobs, liquor industry; H. E. Silbert, coat and suit manufacturers; L. B. Mayer, motion pictures; Phillip E. Lyon, real estate; Milton E. Gould, furniture; William E. Phillips, jewelry; Jack Fox, men's wear; and Joe Pizer, children's wear. Initial results were encouraging: $200,000 was raised toward the committee's $500,000 goal.

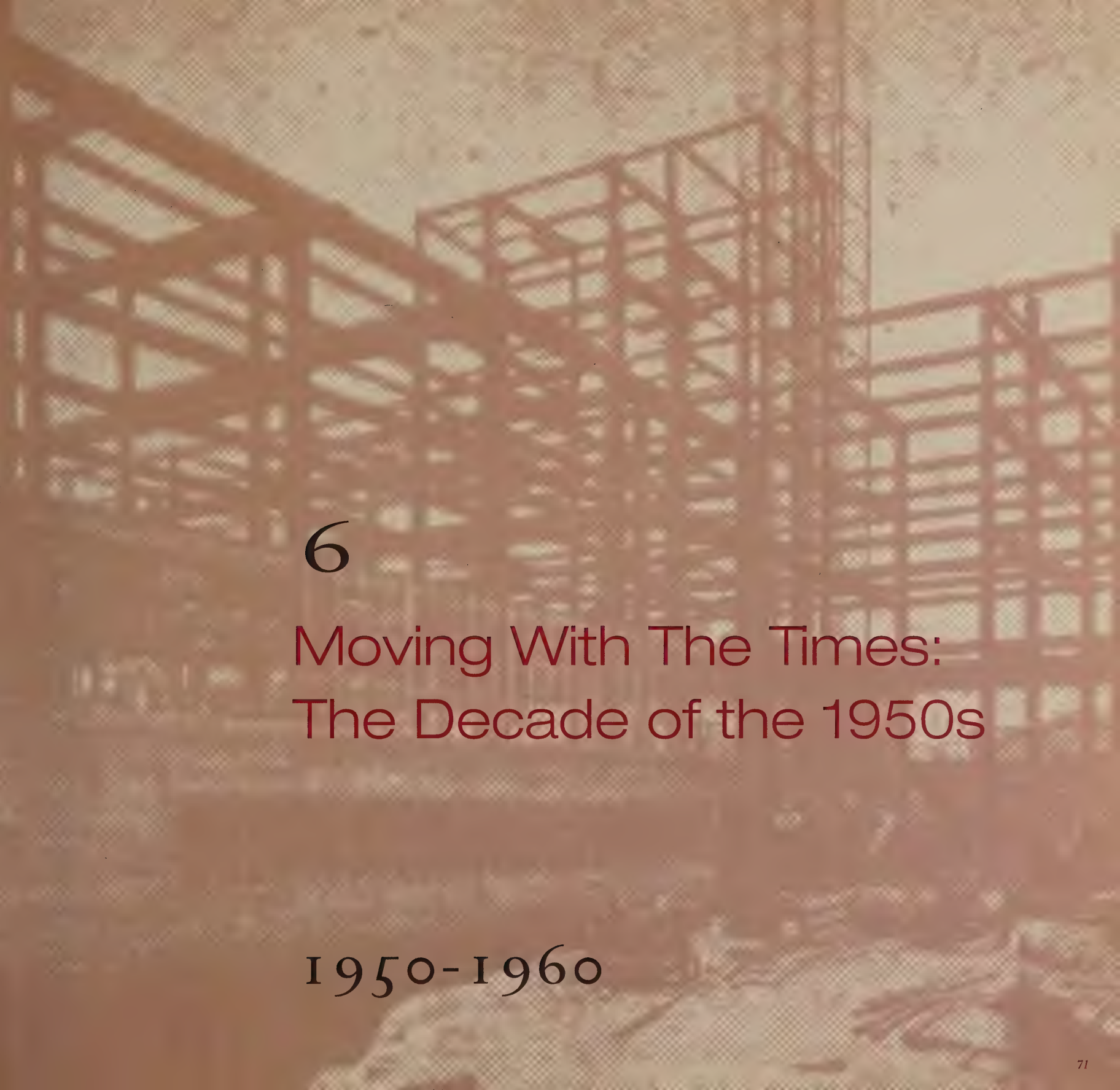
By year's end, the solicitation was gaining steam, this time with Tom May, Ben Meyer and Al Jolson at the helm. At the campaign's kick-off dinner, held at The Beverly Hills Hotel on Dec. 16, 1949, 200 distinguished and generous guests contributed nearly $250,000, assuring the Maternity and Pediatrics Pavilion ground breaking in 1950. Not only would the new addition increase Cedars' total capacity by 40 percent, it would reduce the acute hospital bed shortage in Los Angeles, then the fourth largest city in the United States with the lowest ratio of hospital beds per thousand of any metropolitan area in the nation.

But no matter how many fund raisers, expansion drives and construction campaigns, filling medical care needs always seemed just out of reach. The phenomenal growth of Los Angeles' post-war population, combined with the rising cost of living, and a slump in

New nurses from Chicago are welcomed to Mt. Sinai Hospital during the late 1950s

employment, implied an even greater demand for clinic services that worried the hospital's trustees. With no signs of slowing, the ever-enlarging clinic was already handling more than 90,000 visits per year. Plus there were the spiraling costs of free hospital beds that had jumped from $6 per day in 1940 to more than $17.50 per day in 1950.

In addition to these concerns, hospital leaders were facing the downside of expansion: annual hospital expenditures amounting to more than $2,750,000, of which payroll was nearly half, as well as delicate negotiations concerning the benefits and unionization of 780 employees.[23,24] How to keep abreast of advanced medical technologies, satisfy the demand for quality health services and contain skyrocketing costs simultaneously? None of these issues were unique to Cedars of Lebanon Hospital. Medical centers nationwide would wrestle with this perennial question for decades to come.



6

Moving With The Times: The Decade of the 1950s

1950-1960

Two words capture the spirit of postwar Southern California in the 1950s: expansion and prosperity. The region enjoyed sustained, uninterrupted economic growth from which many Los Angelenos benefited. Unemployment was at an all-time low and continued that way despite a mild recession later in the decade. By 1960, the median annual income of a Los Angeles County resident was $7,066, nearly the highest in the country.1

A significant portion of the Jewish community, with the exception of the elderly and foreign immigrants, shared in this wave of well being. The percentage of upwardly mobile Jewish professionals and semi-professionals increased markedly during this era, as did the number of entrepreneurs who came to dominate the powerful construction, savings and loan, and sportswear industries (the latter largely financed and integrated by the Jewish-owned Union Bank).2,3

Ascending incomes and success directly influenced where Jewish families chose to live. The distribution of Jewish households began to shift from the urban core, stretching from Boyle Heights to the Beverly Fairfax area, into the generally more affluent and less urbanized San Fernando Valley and the west side of the city, including Beverly Hills, Cheviot Hills and Beverlywood, toward the ocean.4 These changes mirrored a postwar pattern of growth typical of many American cities and were probably the most significant factors affecting the destinies of Cedars of Lebanon and Mt. Sinai hospitals.

Mt. Sinai West

The impetus to build a Mt. Sinai Hospital located on the west side of Los Angeles sprang directly from these demographic imperatives. Advocates of the new location were thrilled when, in July 1950, Emma and Hyman Levine purchased three and a half acres of land for $220,000 and donated the property to the hospital under the auspices of their foundation.

"My parents' concept was very simple: they wanted the hospital for the people. Not for the doctors; not for the directors," Sidney Levine stated. "When the land was purchased, the original contract between our family and the hospital was that service should be 100 percent free. Then it got renegotiated to 50 percent. Then on one's ability to pay. By naming the land Levine Park, my parents wanted the grandchildren to know that our family participates in the community and gives."[5]

Once the property was in Mt. Sinai's hands, the leadership reassured loyal supporters that the existing Eastside facilities would remain open, even after the Westside hospital was completed. Some were convinced; others were not. While the construction of the Ben Levy Memorial Temple on the Bonnie Beach Place grounds and the addition of free psychiatric clinics at the Breed Street Clinic did much to shore up the skeptics' hopes, the first major fund raiser held at the

In July 1950, Emma and Hyman Levine purchased three and a half acres of land for $220,000 and donated the property to Mt. Sinai under the auspices of their foundation.

Emma and Hyman Levine

Pouring of the first floor concrete foundation for the new Mt. Sinai. Pictured left to right are Mrs. Minnie Ceasan and Mr. and Mrs. Emil Brown, all generous donors.

westside Brentwood Country Club only reinforced their concerns.

The first architectural renderings of the Beverly Boulevard hospital were unveiled in late 1951. Designed by Walton Becket and Associates, the 400-bed, 13-story concrete-steel-and-glass monument was a monument to modernity and progress. Although these plans were eventually scaled back to eight stories and 253 beds, the original vision stood as a capstone to Robert Gans' seven-year presidency, as he passed the gavel to Samuel Pensick and took his place among key Mt. Sinai supporters: George Heltzer, Norman and Irving Feintech, Samuel Firks, Leo Freund, Edward Beck and others too numerous to mention.[6]

Mt. Sinai's leadership was solidly behind the project. But what would the hospital's constituents think? Because the institution's $500,000-plus annual operating budget was sustained entirely by public subscriptions and the staff of 60 nurses and 152 physicians was wholly voluntary, it seemed that everyone should have a say. So, in the institution's time-honored tradition, the board convened a citywide forum to

As the hospital's concrete foundation was being poured in November, everything from diet kitchens and elevator doors to minor operating rooms and entire building wings were being endowed, piece by piece.

solicit comments on the $2.5 million project. "This is probably the first time a public hospital has ever been subjected to such scrutiny," Samuel Pensick observed. "But the new Mt. Sinai will be for the people, and they have a right to know everything about it, without reservations."[7]

Mt. Sinai's affiliated organizations split their fund-raising focus. Synagogue Passover appeals, the Annual Picnic-Bazaar, sponsored by a coalition of merchants, unions and manufacturers, and the die-hard auxiliaries, led by Pauline Meyer and Selina Schwartz, continued to sustain the Eastside facilities. Other groups such as the Cheerful Helpers for Handicapped Children, the Ladies Garment Trades, the 750-member Mt. Sinai Men's Club and private memorial funds, like those of the Ceazan and Friedland families, assigned their pledges to the Beverly Boulevard project.

A healthy $901,000 was raised by the Oct. 26, 1952, Westside groundbreaking. The attending guests were probably somewhat amused by the hospital's future neighbors as they glanced beyond the boundaries of the empty lot. A cluster of small businesses, ranging from a ceramic factory to a garden supply outlet to Smokey Joe's Sandwich Shop, lined the surrounding streets. Less predictable vistas were the twirling amusements and children's pony rides of Beverly Park, grazing cows belonging to the Arden Farms Dairy, and dozens of Beverly Oil Co. rigs that bobbed incessantly on the edge of the property.[8]

Massive earth moving equipment prepared the swath of land for construction over the next several months. But by July 1953, only 45

Officers of Mt. Sinai Hospital met at building site to inspect progress of the new $4,000,000 institution at Beverly and San Vicente Boulevards. From left to right: Max E. Mark, Dr. Sidney N. Soll, Edward L. Beck, George Heltzer, Samuel Pensick, Norman Feintech and Aaron Riche. Inset: Robert S. Groman

percent of the now revised $4 million building costs was on deposit.[9] As the hospital's concrete foundation was being poured in November, everything from diet kitchens and elevator doors to minor operating rooms and entire building wings were being endowed, piece by piece. For example, Los Angeles' 6,000-member Sephardic community promised to collect $25,000 for a major operating room, and the University of Southern California chapter of Rho Pi Phi, the national pharmaceutical fraternity, pledged $20,000 toward Mt. Sinai's pharmacy.

Thrust was added to the campaign by the newly formed Medical Committee of 21 staff physicians, headed by Dr. Sidney Soll, Mt. Sinai's chief of staff from 1950 to 1957.[10] The group's $100,000 commitment expressed their abiding allegiance to the betterment of the institution. None had forgotten how the Mt. Sinai clinic and hospital had welcomed them with open arms. At last, their investment of thousands of hours of free medical service was about to bear fruit.

George Heltzer, a board member for nearly 25 years and top Mt. Sinai Men's Club official, was installed as president in January 1954, just as the building campaign inched by the half-way mark of $2,034,000. Although the eight-story structure was soaring skyward, fund-raising efforts were nearly grinding to a halt. In an attempt to avert a full-blown funding crisis, some 25 to 30 board members and doctors signed individual promissory notes of $15,000 and more. But, apparently, even they weren't fully aware of the potential default. "If George hadn't hidden the financial situation from the board, the hospital might have stopped at the fourth floor," Dr. Soll said. "He bullied his way through at a time when the money wasn't in sight to finish the construction."

Meanwhile, public support blossomed: the Los Angeles County Supervisors declared September 1954 "Build Mt. Sinai Month;" radio stations urged listeners to join the "Buck for A Life Club;" and the Van de Camp's restaurant chain asked hungry customers to give and "Mix Mercy with Your Meals." Car give-aways. Tract home drawings. Everything and anything became an inducement to donate to Mt. Sinai.

By June 26, 1955, Mt. Sinai Hospital was still $400,000 short of its funding goals, but never more ready for its Dedication Day.[11] Aaron Riche, Mt. Sinai's perennial secretary, introduced a program of artists, movie stars, donors and dignitaries, including Cecil B. DeMille who presented the hospital with a stone replica of the Ten Commandments.[12] Then, benedictions were delivered by Rabbi Jacob Pressman, Monsignor Thomas J. O'Dwyer and the Reverend Irwin Johnston. Newsworthy enough to be covered by television reporter

By June 26, 1955, Mt. Sinai Hospital was still $400,000 short of its funding goals, but never more ready for its Dedication Day.

1954
Emil Brown Auditorium

While the new Mt. Sinai Hospital was under construction, a gift from Emil "Papa" Brown, then age 75, made it possible to build a facility that would house administrative services. The Emil Brown Auditorium at Mt. Sinai Hospital was one of many gifts from the renowned philanthropist who had once been a penniless immigrant from Russia. His association with Mt. Sinai began in 1929.

Philanthropist Meyer Schuman donates $50,000 to Mt. Sinai Hospital.

Clete Roberts, cameras offered home audiences a preview of the hospital's most "modern features," an "addressograph" plate that registered incoming patients, bomb-proof surgeries and X-ray laboratories located below ground, and brightly decorated rooms equipped with bedside controls for paging nurses or selecting radio programs that played softly through a patient's pillow.

A less visual, but far more unusual feature of the new Mt. Sinai Hospital was the entire floor given over to the Psychiatric Department, one of the first in the western United States.[13] While the hospital had long nurtured an interest in the relationship between the mind and the body, Lester Finkelstein, a board member familiar with psychoanalysis, underwrote a significant part of the initial program. He joined with Dr. Sidney Soll in actively recruiting its senior staff: Dr. Franz Alexander, a leading psychoanalyst from the Chicago Institute of Psychoanalysis, for the position of Mt. Sinai's psychiatric director and Dr. Ludwig Von Bertalaniffy as head of the Somatic Research Program. Both signed on, along with two other new hires: Dr. Leo Kaplan, chief of Pathology, and Dr. Arthur D. Fisher, chief of Radiology.

An irrepressible team spirit permeated Mt. Sinai Hospital on Beverly Boulevard from the moment its first three patients were admitted on August 1. "There was something wonderful about starting a place from scratch," Sonia Ajamian Pindler, Mt. Sinai's first assistant director of Nursing, reminisced. "We were all gung-ho! Everyone was appreciative of having a place to be and the doctors felt they could build something that they had a voice in."[14] This "can-do" attitude was fortified with friendship, laughter and collective pride. In the words of Dr. Leo Kaplan, "We had time to visit in the halls of the hospital and everyone knew everyone on a first-name basis. We had hospital parties for all the employees, from the bottle washers to the professionals. We got to know one another. We shared feelings. We cared."[15]

Great staff morale was only part of the reason for Mt. Sinai's nearly overnight success; its convenient location was another. Both patients and doctors often preferred the Westside hospital.

The first tier of the master plan began with construction of the six-story Maternity and Pediatrics Pavilion in December 1950. The addition would bring Cedars' total number of beds to 453, slightly short of the trustees' 600-bed goal.

Applications for staff positions poured in, many from Cedars' physicians. But Mt. Sinai privileges were restricted to the lucky few – especially in the beginning. Eligibility was limited by the usual selection standards and one unwavering requirement: service in the Breed Street Clinic. No exceptions, no matter what the doctor's seniority. Dr. Edward Shapiro, a Cedars' doctor at the time, described his own experience: "There was a strong element of fairness involved. When I applied to be on the Mt. Sinai staff I was told I would have to work at the Eastside clinic. So I dredged out my old certificates saying that I had served a year at Breed Street in the early 1940s and I was accepted."[16]

A good part of the scramble was brought about by the limited number of hospital beds, due as much to lack of funds as to the nursing shortage. For economy sake, Mt. Sinai's administration conserved resources by activating the facility floor by floor. Even six months later, when the seventh floor was finally opened, only 160 out of 253 projected beds were available. Some pointed to the continued maintenance of the free Eastside facilities as the biggest impediment to expanding Westside services. The budget for both had grown to $1 million per annum. If balancing the funds between the two wasn't delicate enough, raising them in the first place was proving even harder.

But by now there was no turning back. Instead of retreating to a more conservative fiscal policy, the board announced the 1956 $1.25 million Fund Drive to finance the construction of a psychiatric research/outpatient building, a free Westside clinic and a five-story addition to the just-finished hospital. Enthusiastic supporters tackled the challenge, each with their own pet projects, each with their own calendar of events. Among them: the Fashion Industries Club, Lou Halper, the Mt. Sinai Men's Club, the Construction Industry Committee, the AFL-CIO Committee and the Psychiatric Assistance League, just to name a few.

All of this intense activity generated stunning results throughout the successive presidencies of Maurice Holman (1957-1958) and Lester M. Finkelstein (1958-1960). Within the space of four short years, Mt. Sinai Hospital on Beverly Boulevard was growing in every direction. A single-story Child Study Center, under the directorship of Dr. George J. Mohr, and sponsored by the Cheerful Helpers, was dedicated on May 18, 1958. Just a few months later, the Thalians' gift to Mt. Sinai initiated the construction of a Children's Outpatient Psychiatric Clinic. In 1959, Louis and Birdie Halper's $250,000

The new Maternity Wing of the Cedars of Lebanon Hospital

donation made the groundbreaking for the six-story Halper Research and Clinic Building a reality. And shortly thereafter, the Medical Staff Campaign contributed substantial funds towards a Bonnie Beach Place renovation. These and other good works only added to Mt. Sinai's budding strength.

During this same period, the hospital was beginning to make a national name for itself.[17] While Dr. Franz Alexander was developing a more flexible approach to psychoanalysis, the Joint Commission on Accreditation of Hospitals approved Mt. Sinai's psychiatric unit for a three-year residency training, the only such program in a non-profit hospital in California in 1957. Shortly thereafter, the hospital was awarded grants to support inquiry into a new fluorescence microscopic method for the detection of cancer. By 1959, Dr. John B. Field was screening new tumor agents, such as Streptoviticin A, in his modest cancer chemotherapy laboratory. Findings from these efforts and smaller, but sound, projects in the areas of psychosomatic medicine and ophthalmology were soon published in widely respected medical journals.

A decade's worth of full-tilt fund raising and expansion for Mt. Sinai Hospital culminated in the completion of the Halper Research and Clinic Building in early 1961.[18] With the achievement came the controversial decision to close the Breed Street Clinic. Many constituents were loathe to accept what they had long suspected. But pragmatism prevailed and even they finally had to admit that no amount of good works could forestall the painful reality: for "The Hospital With A Heart" moving ahead also meant leaving something behind.

Cedars of Lebanon Hospital Stays the Course

In sharp contrast to Mt. Sinai Hospital, Cedars of Lebanon Hospital began the decade of the 1950s secure in its growing prestige, with scarcely a clue that their Fountain Avenue location would eventually become their greatest liability. Confronted with overcrowded patient facilities, the hospital's most urgent agenda was to satisfy the 23 percent annual increase in the demand for health services.[19] The obvious solution was to build an even bigger and better hospital and the board had just the long-range master plan to do it.

Properly executed, all that was required was $4.5 million. The carefully orchestrated annual fund-raising campaigns, designed to span the next five years, were spearheaded by groups including the Motion Picture Sponsoring Committee, chaired by Louis B. Meyer, the Cedars of Lebanon Hospital Men's Council, the Women's and Medical Divisions, the latter headed by Dr. Marcus Rabwin, chief of staff from 1958 to 1961, and Dr. Samuel Herzikoff. This powerful consortium of diverse personalities and interests unified to make the next extraordinary sequence of expansion achievable.

The first tier of the master plan began with construction of the six story Maternity and Pediatrics Pavilion in December 1950. Not only was the edifice designed to meet the immediate health demands of the community and advancing medical science, it was to be a showcase, containing a $500,000 basement kitchen facility capable of preparing more than 1,500 meals a day, and 29,100 square feet on the ground floor for diagnostic and treatment laboratories.

The hospital had matured into a $10 million asset with a staff of 730 doctors and 9,000-plus support personnel caring for a record 63,471 families annually.

Upon completion, the Pavilion would house a 35-bed Pediatrics Division with a premature baby clinic for private and clinic patients, a 90-bed Maternity Unit and an Obstetrical Unit complete with six delivery rooms, one especially equipped to handle Caesarian sections. All told, the addition would bring Cedars' total number of beds to 453, slightly short of the trustees' 600-bed goal.

Keyed to this project was a $1 million remodeling program for the

CEDARS KEEPS PACE WITH COMMUNITY

NEW EQUIPMENT AND EXPANDED FACILITIES—Heart Catheterization Machine, presented recently to the Cardio-Respiratory Center on behalf of the United Hostesses by Mrs. Sanford B. Schulhofer, President, and Mrs. Robert Leberman, Executive Vice-President (right), and received by Cedars Administrative Director Seymour Schulman (left) and President Hart Isaacs, gave the hospital most complete diagnostic heart machine in the world. Unit performs 11 separate heart studies by use of huge, aerial-type camera, tape recorder and oscilloscope screen. X-ray machine, shown next, is but one of many new pieces of equipment to be found in recently expanded X-Ray Department, where patient services were tripled by doubling of department's square footage and introduction of such new features as a conveyor system to carry X-ray films from the examining rooms to the dark room. Special waiting rooms for gowned patients, with comfortable chairs, reading material and television, have proved of "relaxation therapy" value for patients. Another innovation in the expanded X-ray Department, which represented in all an investment of more than $500,000, is a fluoroscopic wing with special lighting so that doctors, technicians and patients have the necessary working light with minimal adjustment to darkness and bright lighting.

CONVENIENT FOR PATIENTS—An important step forward has just been taken at Cedars, with relocation of the Admitting Office from the first floor to larger quarters at the more conveniently reached Ambulance Entrance on Catalina St. Seen here is Mrs. Hannah Rosenberg, Chief of Admitting, as she explains admitting procedure to first patient using new facilities.

MUCH NEEDED PARKING—Thanks to the generosity of Mr. and Mrs. Harry M. Warner, this lot directly across from the Ambulance Entrance on Catalina St. will soon help relieve the parking problem at Cedars. Formerly a residential site, it will provide 50 parking places. Paving of parking area at Berendo St. and Sunset Blvd. is scheduled next.

LATEST IN LIGHTS — This surgical light, demonstrated here by Yone Akita, R.N., is the most modern equipment of its kind and is in accord with Cedars' policy of keeping pace with medical progress as well as with the community's growth.

STERILE WATER SUPPLY—Latest in water distilling apparatus provides economy and control in processing water for surgery, laboratory and other hospital uses. Grace Blume, R.N., shows how unit is operated by Central Supply Department personnel.

Desi Arnaz notes plans for $11,000,000 expansion of Cedars Medical Center as he discusses the project with Dr. Marcus H. Rabwin and George M. Thompson, president of Cedars of Lebanon Hospital.

main hospital. Once Pediatrics and Obstetrics relocated in the Pavilion, there would be room to add surgical facilities on the seventh floor, patient beds on the sixth, and expand diagnostic services in the Rehabilitation Department. Guidelines for enlarging the clinic building and erecting a School of Nursing were on the drawing boards, too. If these changes weren't enough, a comprehensive emergency medical service in compliance with "cold war" civil defense codes was also in progress.

Cedars' innovative treatments and diagnostic procedures quickly found their way into patient care as a result of "bench to bedside" research.

As the pavilion's construction proceeded, these improvements were gradually phased in – until the hospital faced a critical construction deficit that threatened to bring the massive venture to a halt. Solicitations intensified, and it was the Equitable Insurance Company's $2.5 million loan that finally assured the project's completion.

The Maternity and Pediatrics Pavilion's November 1952 dedication offered the community an opportunity to take stock of the Cedars' half-century of good will and medical service. Built solely on volunteer contributions dating from Kaspare Cohn's original gift of $5,000 in 1902, the hospital had matured into a $10-million asset with a staff of 730 doctors and 900-plus support personnel caring for a record 63,471 families annually.[20] High praise and gratitude came from nearly every quarter of the Jewish Community. And were it not for a single tragic event, the milestone would have been acclaimed by all.

What divided the Jewish community were lingering charges of "McCarthyism" leveled, almost a year before, at Cedars' commanding and seemingly unimpeachable trustees. In January 1952, Drs. Richard W. Lippman, Murray Abowitz and Alexander E. Pennes, had been summarily dropped from the hospital staff as part of the "routine annual clean-up."[21] Contrary to the board's explanation, many believed that the physicians had been dismissed on account of their left-wing political views and unwillingness to sign loyalty oaths. The trustees' refusal to comment or state their reasons for the terminations did little to quell suspicions. Their suggestion that the outraged doctors appeal to the County Medical Association if they felt mistreated, only added insult to injury.[22,23]

In an attempt to support their colleagues, 175 Cedars' doctors demanded that the case be reopened. But the Medical Executive Committee closed ranks, backing the trustees. Inflamed by these imperious actions, the Jewish Community Council formally censured the hospital while the Committee for Medical Freedom mobilized coalitions of powerful community groups and staged public protests and petitions.

Unfortunately, no amount of outside pressure could crack the

In 1955, when Cedars of Lebanon Hospital celebrated its Silver Anniversary on Fountain Avenue, it was in the midst of growing once again.

trustees' resolve and the real motivations for the suspensions, whether driven by "Red hysteria" or not, were never definitively disclosed. For many physicians who were practicing then, the dismissals left a sobering and hollow memory. "It was a scandal that broke the place up," Dr. Alvin Sellers recalled, "and that is one of the disappointing moments of my life, both my own inaction and that we all just sort of took it."[24] Sellers' disaffection, like that of others, would heal slowly over time.

Although rocked by the controversy, Cedars' professional reputation remained in tact. The Research Institute still attracted an increasing number of grants from national organizations and agencies such as the U.S. Public Health Service, American Heart Association, National Research Council and American Cancer Society.[25] The Institute's investigative agenda quickly widened. Researchers such as Dr. Henry Jaffe, delved into methods to protect against and cure exposure to radiation activity. Drs. Leon Morgenstern, Joseph Miller and David State energetically explored the development of a mechanical heart-lung machine. And Dr. Arnold Kadish built an "artificial pancreas," a computer-regulated insulin infusion system that could regulate blood glucose levels. Intense study was also paid to the causes of coronary occlusion and the relationship between hypertension and shock.

Cedars of Lebanon interns with Dr. Adolph Kutzman.

Cedars' innovative treatments and diagnostic procedures quickly found their way into patient care as a result of "bench to bedside" research. As early as 1953, the use of heart catheterization was saving hundreds of "blue babies" and a specialized Temporal Bone Sectioning Unit, the first on the West Coast, brought new knowledge to the entire field of hearing loss. By the end of 1954, patients with deep-seated cancers were making greater health strides with the help of Cedars' newly acquired "cobalt bomb machine."

The logical corollary to Cedars' advancing technologies and accent on quality patient care was to enlarge its medical education programs. Once again, the hospital found itself on the leading edge. Nationwide, accredited residency programs were just beginning to evolve and the number of doctors seeking placement increased dramatically.[26] Cedars began to draw on this highly competitive pool of applicants. The nine residents and 11 interns taking advantage of the learning opportunities offered by the hospital in 1951, jumped to 31 two years later. More in-depth training for support personnel was also introduced. In 1953, for example, Dr. Nathan B. Friedman, director of Division of Laboratories, welcomed his first class of 12 students to the Cedars' School for Laboratory Technicians.

A significant push to formalize the teaching side of the institution occurred during the presidency of George Thompson (1954-1957). During his tenure, preliminary, but ultimately premature, discussions

were held with UCLA Medical School regarding the feasibility of affiliation.[27] More fruitful, was the in-house appointment of Dr. Harold Mazur as medical director. His mandate: to develop medical education and coordinate residency programs. According to Dr. Leon Morgenstern, Mazur's tenure represented a turning point. "This was really the embryonic stage of our big research and education oriented system. It was realized that a hospital couldn't run a good research program without someone who was a focal point or a spearhead for the department. So there was a big change towards developing a nucleus of full-time faculty in all departments."[28]

While this trend was to cinch Cedars' future stature, the visiting staff raised a host of pointed questions: What role would private physicians have in departmental decisions and hospital policy and how were doctors to maintain control over their private patients? Workable accords had to be found. According to Dr. Mazur, "As far as the teaching program, managing the relationship between the full-time and private physicians was one place where there might have been friction. Some doctors felt that they didn't want anyone interfering with their private patients. So we came up with the concept that they would be asked if a private patient was to be admitted to the Teaching Service or the Hospital Service. There was a list that defined which obligations were the house staffs' and which were the private physicians' so that everyone was protected."[29]

The first full-time directors outside of Laboratory Services were appointed shortly thereafter. Dr. David State became the first director of Surgery in 1954 and Dr. Benjamin Kagan was hired as the first director of the Department of Pediatrics a year later. To their credit, both directors bridged concerns and the transition was a smooth one. Under their leadership, residency programs soon followed. Dr. Sidney Rosin, chief of staff from 1965 to 1967, observed, "In Pediatrics, there was no animosity, an excellent example of the best of what 'town and gown' could be to each other.

Ben Kagan took private physicians into consultation and discussed the wheres and whys of Pediatrics and where the department was going. There was a cordiality and a degree of companionship and understanding."[30] The initiative was off to a solid start.

In 1955, when Cedars of Lebanon Hospital celebrated its Silver Anniversary on Fountain Avenue, it was in the midst of growing once again. New building plans for the Rehabilitation Department and Cardio-Respiratory Center were being drawn up, and expansion of the Radiation Therapy Department were slowly but surely reshaping the familiar grounds of 25 years. Nothing was sacred, not even the hospital's eponymous cedars, uprooted to make way for a larger Diagnostic X-Ray wing on the main building's first floor.

The logical corollary to Cedars' advancing technologies and quality patient care was to enlarge its medical education programs. The nine residents and 11 interns taking advantage of the learning opportunities offered by the hospital in 1951 jumped to 31 two years later.

However, these changes were incidental compared to what was to come. By December 1956, a prodigious five-year, $11 million blueprint for the future was announced and hailed by Campaign Chairman Walter N. Marks as "the largest ever set in a planned effort by any single institution on the West Coast."

Implementation of the colossal undertaking had been accelerated by the availability of land, never before purchasable, adjoining the hospital. Six million dollars were earmarked for a new administrative

wing attached to the main hospital building, a 65-bed clinic wing, and a much-needed Research Center. Living quarters for the house staff and nurses, a two level parking structure, a Rehabilitation Center and the Institute of Nuclear Medicine were also proposed.

Completing the comprehensive scheme was a 100-bed Convalescent Hospital and 20-bed Psychiatric Center. The remaining $5 million was to cover the training of doctors, fellowships, unrestricted research and operational costs for the projected facilities and services. Once these improvements were made, Cedars' free care program, supplemented by the Community Chest and the United Jewish Welfare Fund, could expand to approximately 100,000 outpatient visits and 20,000 hospital bed days per year.[31]

Cedars of Lebanon Hospital had always been the unfailing steward of the community's health and now, in its new incarnation, "Cedars Medical Center" aspired to become "the medical pathfinder for the nation."[32] Newspaper articles captured the hospital's mercurial character - from whimsical moments: "Romance Starts in College Ends Happily in Hospital Wedding;" to humorously poignant portraits: "Jack Benny Plays Violin for Children at Cedars;" to compelling dramas that were nothing short of miraculous: "Artificial Kidney Machine Saves Life of Youngster" and "Open Heart Surgery and Blood Donors Save Child." Together, these individual profiles telescoped the essence of an institution in transition, advancing quality care through state-of-the art diagnosis and treatment.

Typically, trustee Ben Meyer would have been leading the charge for the Cedars Medical Center with his customary patriarchal zeal. For 40 uninterrupted years on the board and 15 as president, he had been the hospital's most forceful advocate, marshalling everything in his power to create an institution that was the byword of medical progress. But this campaign would be different. On the eve of his dream's fruition, in April 1957, Ben Meyer died, his spirit of excellence etched into Cedars' past and future. While Meyer would be missed, the trustees were well prepared to carry on his legacy. Hart Isaacs, a board member for 16 years, assumed the presidency from George Thompson just months later.

As the 1950s came to a close, Cedars of Lebanon Hospital was making exponential gains, differentiating its complex strengths and integrating new ones at a startling rate. Judging by the statistics, the institution was operating at peak performance. In 1958, for example, apart from the 9,084 surgeries and 2,681

1958
Cheerful Helpers Child Study Center

A single-story Child Study Center, sponsored by the Cheerful Helpers, was dedicated on May 18, 1958.

1958
The Thalians Children's Outpatient Psychiatric Clinic

A gift from The Thalians to Mt. Sinai Hospital initiated the construction of a Children's Outpatient Psychiatric Clinic.

1959
Halper Research and Clinic Building

In 1959, Louis and Birdie Halper's $250,000 donation made the groundbreaking for a six-story Halper Research and Clinic Building a reality. A decade's worth of full-tilt fund raising and expansion for Mt. Sinai Hospital culminated in the completion of the Halper building in early 1961. In 1963, the top three floors of the Halper Building were officially dedicated as research laboratories and an animal care area.

Ironically, while Cedars of Lebanon and Mt. Sinai hospitals remained fiercely independent of one another well into the late 1950s, their interests and concerns were converging.

deliveries, the hospital analyzed 194,801 laboratory tests, prepared 342,258 patient meals and washed 2,946,230 pounds of laundry! Four hundred sixty-six physicians and 150 clinic volunteers providing needy patients more than a total of 70,000 free service hours annually.[33] Thirty-two medical specialties were represented on the hospital's general staff and medical education programs proliferated. Twenty interns and 45 residents were training in Internal Medicine, General Surgery, Obstetrics and Gynecology, Pediatrics, Pathology and Radiology.[34] Over at the Institute of Medical Research, more than 100 medical studies juggled for laboratory space inside the cramped quarters. And, if all of this activity wasn't enough, a new X-ray Department had just been dedicated and the Ben R. Meyer Rehabilitation Center was nearing completion. The sum of these developments was as dizzying as it was impressive.

Ironically, while Cedars of Lebanon and Mt. Sinai hospitals remained fiercely independent of one another well into the late 1950s, their interests and concerns were converging. Both were looking to the future and asked: In what ways would the rise of private health plans affect hospital use? Was unlimited growth sustainable? Would cuts in clinic care be necessary? Where would major funding to support life-saving research and modern facilities come from? And more unsettling: How much longer could private benefactors, philanthropic businesses and Jewish community welfare agencies afford to support two competing institutions?

Answers to these questions were forthcoming and the solution wasn't an altogether popular one.

7

The Making of a Merger: Cedars-Sinai Medical Center

1960-1976

By the late 1950s, Jewish leaders were evolving a fresh communal philosophy, one that put old enmities and differences aside. In the interests of better serving and unifying an increasingly diverse community, the cornerstones of community social services, the Jewish Federation of Organizations and the Jewish Community Council, were combined to form the Jewish Federation-Council (JFC) in 1959. The new super-agency stood for cooperation, not competition and, like a powerful compass, it oriented Los Angeles' two independent Jewish hospitals toward a common destiny.

Hospital decision-makers were encouraged to consider the matter of a merger carefully, especially in light of the fact that the JFC subsidized a substantial portion of both Cedars of Lebanon and Mt. Sinai clinical programs. What occurred within the next year was not totally unexpected. By August 1960, the two hospital boards had agreed, in principal, to coordinate their health services as a unified community hospital.

The man given the most credit for engineering both the Jewish Federation-Council and the Cedars-Sinai unification was Steve Broidy, president of Allied Artists Pictures Corporation. Broidy was a natural alliance-builder whose personality – part charm, part bravado – and community affiliations placed him at the very intersection of influence.

A sampling of Broidy's numerous cross-connections during this period include: chairman of the Community Chest campaign, president of the Jewish Federation, and then president of the newly merged Jewish Federation-Council while serving as vice president of Cedars of Lebanon Hospital. Most likely, it was his formula for the JFC merger that paved the way for the hospitals' union.

According to Stuart Marylander, whose tenure as president and chief executive officer of Cedars-Sinai spanned the years from 1964 to 1988, "Broidy was able to get people to understand that you don't merge a nonprofit entity the same way you merge a for-profit one. In profit deals, the assets of each respective entity determine who will be more powerful in the combined equation. Not so in this case. Cedars-Sinai had to be a partnership from the beginning."[1]

The hospital merger began with a JFC feasibility study that focused on population growth, patients' origins, and the location of physicians' offices in relation to hospitals and trends in the delivery and financing of health services. Armed with this information, the committee in charge explored several options for joint action. One proposal favored a plan whereby each hospital would maintain its autonomy but would share certain services. Another proposal suggested a full corporate merger governed by a super-board composed of representatives from the pre-existing ones. Protracted and heated debate on the subject finally ended with the two hospital boards and the medical advisory group agreeing on the latter recommendation.[2]

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The most difficult points of contention turned on political and personal issues. Hospitals are just as much social beehives as they are intricate medical organizations, and Cedars of Lebanon and Mt. Sinai were no exceptions. The two institutions had operated in parallel worlds for 42 years, estranged by the same divisive issues that had troubled the Jewish Federation and Council. No model for mutual cooperation existed.

Board members and physicians from both hospitals had staked out their own turf, carved comfortable spheres of influence and were

reluctant to share their vested interests. A number of physicians on the Cedars' side regarded Mt. Sinai's egalitarianism as a threat to their hard-earned seniority; some on the Mt. Sinai side feared that Cedars' stress on medical education, full-time faculty and research might reduce their autonomy and minimize their emphasis on community service.

Questions concerning authority and decision-making preoccupied both groups: Who would set joint medical policies at the department and hospital levels, and where would the Medical Center be located? While these and other questions wouldn't be answered for years to come, the task of accustoming those affected to the idea of a merger started right away. Influential individuals from both sides made significant efforts to build bridges.

Norman Feintech, Mt. Sinai president from 1960 to 1961, recalled, "Sometime prior to 1961, Dr. Marcus Rabwin, Cedars of Lebanon chief of staff and a personal friend of mine for many years, felt that ultimately a merger would be good for the Jewish community, the overall community, the patients, doctors and the administration. We believed that a combined medical center would have the best medical talent, research, medical education and patient care. So the two of us went to work. Dr. Rabwin with his people at Cedars, and I did likewise at Mt. Sinai."[3]

In 1961, the Los Angeles Jewish Medical Center, known today as Cedars-Sinai Health System, officially came into being. With a grand total of 790 beds, and with the most extensive program of free care, research and medical education, the newly consolidated institution became the largest voluntary hospital in the Western United States.

"This merger is in response to actual community needs," Steve Broidy announced on Feb. 6 at a Statler Hilton press conference. "The dynamic growth of our city and the progress of modern medicine make it imperative that we do all within our power to improve and extend our health services through the development of a Los Angeles Jewish Medical Health Center serving the entire community and second to none in the country."[4]

Under the merger agreement, 60 new directors, 30 members from each pre-existing board, plus one member from the Jewish Federation-Council, were elected.[5] The agreement further provided for a board of governors comprised of other community leaders.

Steve Broidy as the first president of Cedars-Sinai, 1961.

Great care was also taken to balance the Medical Center's leadership team. Joining President Steve Broidy at the helm of the merged institution were Executive Vice Presidents Hart Isaacs, president of Cedars of Lebanon, and Norman Feintech, president of Mt. Sinai. Aaron Riche became secretary; Ernest J. Friedman, associate secretary; Meyer Schuman, treasurer, and Louis Siegel, associate secretary.

Membership in the standing committees was also integrated according to former affiliation. Initially, board meetings were tense.

Hart Isaacs, president of Cedars of Lebanon (seated at left) and Norman Feintech, president of Mount Sinai, sign the official merger agreement in 1961, as Steve Broidy and Dr. Leo Rigler, first executive director of the medical center, looked on.

By the late 1950s, Jewish leaders were evolving a fresh communal philosophy, one that put old enmities and differences aside. In the interests of better serving and unifying an increasingly diverse community, the cornerstones of community social services, the Jewish Federation of Organizations and the Jewish Community Council, were combined to form the Jewish Federation-Council (JFC) in 1959. The new super-agency stood for cooperation, not competition and, like a powerful compass, it oriented Los Angeles' two independent Jewish hospitals toward a common destiny.

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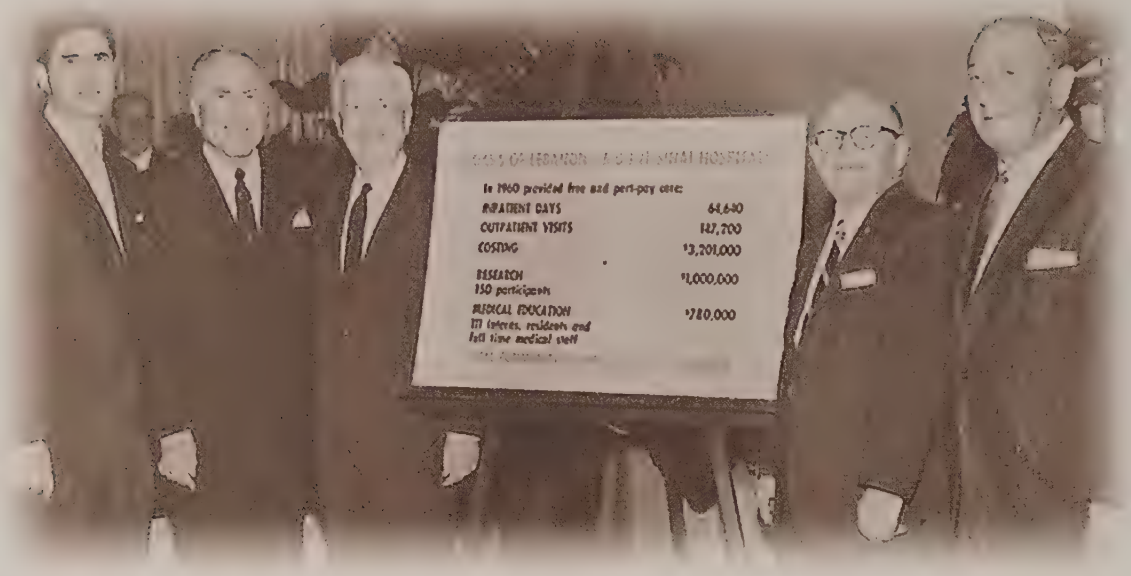

The new Medical Center's first leadership team of (l-r) Norman Feintech and Hart Isaacs, executive vice presidents; Aaron Riche, secretary; and Meyer Schuman, treasurer

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Membership in the standing committees was also integrated according to former affiliation. Initially, board meetings were tense. And an uneasy period of accommodation followed. Bernard Weinberg, a long-time Cedars-Sinai board member, noted, "In the beginning, at every meeting I went to, the Cedars people sat on one side of the table, the Mt. Sinai people sat on the other, with Broidy in the middle. I said, 'Why don't we all get up and change chairs?' So everybody moved around and got mixed up. It was a crazy gag that seemed to work and from that time on it was different."[6]

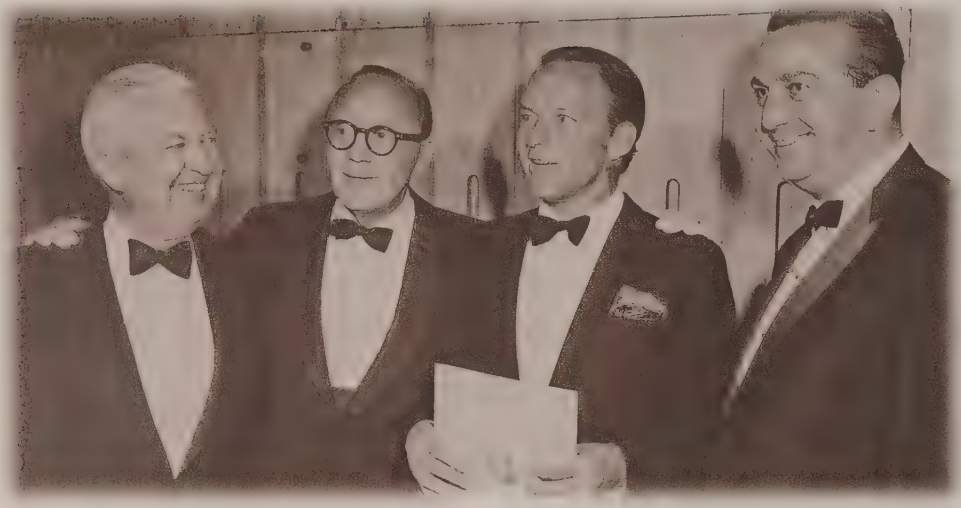
More than anything else, the new board, their large and small differences aside, shared a common philosophy that made everything they sought to create during this transitional stage possible. Although Robert Spencer, board chairman (1981-1986), didn't serve on the board during these years, his perceptions ring true: "It seems to me that you have to judge what they accomplished by the results, in what was not too long a period of time. Although they were operating in a more receptive world and weren't faced with today's problems, that didn't make what they did any easier. Their legacy was a total commitment to 'centers of excellence' within the framework of a comprehensive, tertiary care medical center offering all medical specialties. That meant developing expensive programs involving research, and teaching and clinical care. Not just saying that we're going to be better, but working together to make it so."[7] And they did.

Focusing on a single future rather than the divided past helped. Number one on the new board's agenda was the selection of a site for the projected 1,000-bed medical center. Even though the $10 million dollar construction drive was embraced unanimously, at least on the surface, where to put the new facility became the focus of fierce behind-the-scenes politicking. Those at Mt. Sinai favored their Beverly Boulevard location; the Cedars contingent lobbied for a more neutral site.

Before a full-blown stalemate could develop, the interested parties engaged the independent services of the Stanford Research Institute to examine the problem objectively.

An exhaustive inquiry was launched that weighed such topics as how the growth of the area's proprietary hospitals would affect a large

With Broidy presiding, the newly merged board of directors met at Cedars of Lebanon.



From left: Steve Broidy, Jack Benny, Frank Sinatra and Stanley Stalford, general campaign chairman, post at the Elizabeth Taylor dinner, the medical center's first fund raiser in July 1961.

voluntary institution; trends in patient characteristics; projections of short- and long-term use of rehabilitative services; radiation therapy and psychiatric care; and the impact of future educational research programs on facility needs.[8] Two years and 240 pages later, the Stanford Report was in the hands of the decision-makers and the conclusions all but sealed the deal.

The report strongly recommended establishing the consolidated hospital somewhere in the western sector of Los Angeles where the highest concentration of the Jewish population resided, but eliminated Cedars of Lebanon Hospital as a possibility. Even if Cedars were converted to a long-term care facility to replace the Mt. Sinai Home, the report argued, it was no longer suitable for both patients and doctors as a short-term hospital.

Alternative sites were submitted for consideration. Among them: the Veterans Administration property on Wilshire Boulevard; the West Medical Campus of UCLA; acreage atop the Sepulveda Pass on Mulholland; property on or near the Hillcrest Country Club; or the present Mt. Sinai site, contingent on the acquisition of 50 acres and substantial zoning revisions.[9]

The 1963 announcement that the Mt. Sinai Hospital and former Arden Farms/Buzza-Cardozo Greeting Card Factory properties had been selected as the projected site of the new Cedars-Sinai Medical Center was made with great fanfare.

Two years later the architectural firms of A. C. Martin and Luckman Associates were hired to prepare preliminary designs. Even so, certain Cedars' board members had not been won over. Up until 1967, alternative locations were still being discussed.

"Not having the facility in one building was a problem. That was when I got involved," recalled Joseph N. Mitchell, board chairman from 1990 to 1993. "There was some talk about the Vista del Mar property. Then the board negotiated with Century City. They wanted to make a deal with us very badly. But there were problems with the noise, the traffic and the practicality of operating a vertical hospital some 40 to 50 stories high. Finally, everyone agreed on the Mt. Sinai site, so we started to acquire a lot of land around the Levine parcel."[10]

After thoroughly exploring every option, the Cedars contingent had come full circle and was ready to put their misgivings to rest. The decision seemed a sound one. Whereas the Century City location amounted to approximately eight acres, the Beverly Boulevard location covered an area more than three times as large. In addition to

providing a good base upon which to build, it was central to the primary catchment area for Cedars-Sinai's future clientele.

The Pains of Parturition and Growth

On paper, the merger proceeded apace. But, in actuality, the two hospitals continued to function independently, much as before. Scores of administrative policies and procedures needed to be agreed upon before moving forward. Bilateral teams were formed to oversee the process of amalgamation, composed of individuals whose commitment ranged from enthusiastic to lukewarm to adverse.

The lead team was composed of Dr. Marcus H. Rabwin (Cedars' chief of staff from 1958 to 1961) and Dr. Edward I. Phillips (Mt. Sinai's chief of staff from 1960 to 1961); Dr. Leo Rigler, Cedars-Sinai executive director (formerly Cedars' executive director); Dr. Harold Mazur (Cedars' medical director), Medical Executive Committees, the Medical Coordinating Committee and the Joint Conference Committee.

When Dr. Rigler retired in 1963, Dr. David Littauer, an experienced administrator who had guided the Jewish Hospital of St. Louis through its merger and development into a major teaching hospital, replaced him as executive director. Dr. Littauer's presence, according to Dr. Maxwell Andler, Mt. Sinai chief of staff at the time, signaled that implementation had "shifted into high gear."

The transition was a laborious one, sustained as much by bullheaded determination as tireless cooperation. Hundreds of administrative and operational policies were introduced after endless hours of negotiations. These decisions touched every aspect of hospital life: housekeeping, food service, purchasing and accounting functions, just to name a few. Two hospital newsletters were combined into one, as were the two house staff graduations and two annual medical staff dinner dances.

Service affiliates and auxiliaries, which had been dedicated to fund-raising for either Cedars of Lebanon or Mt. Sinai, slowly realigned their activities to support the merged hospitals. The Helping Hand Gift Shops, located in both hospitals, were folded into one. And special interest funding, such as the efforts to support cancer research at Cedars, now benefited the evolving Cedars-Sinai. Even the separate volunteer groups, who staffed the Breed Street Clinic and Cedars' Outpatient Clinic, finally agreed to wear the same service pin and uniform, designed especially by the Oscar-winning movie costume designer Edith Head.

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One highly sensitive area involved the granting of medical staff privileges. Had there been absolute parity between the two institutions, reciprocity would not have been an issue. But as it stood, only 300-plus Cedars staff members were able to enjoy joint appointments at the smaller, but better located, Mt. Sinai. This left the remaining 600-plus Cedars physicians without a Mt. Sinai affiliation.

"There was a big scramble for Westside beds," said Dr. Rea Schneider, a Cedars doctor at the time. "Now the tables were turned and the Mt. Sinai doctors had first choice. With rank came privilege. But it didn't work both ways. That impeded the joining of the two staffs until there was enough room for everyone."[11] Enough room to integrate the combined roster of nearly 1,000 doctors would have to wait for the completion of a larger facility, and that day was way down the line.

Initially, courtesy consultation privileges were extended to the

chiefs of service of both hospitals, followed by preliminary cooperation in teaching and research activities. Some physicians felt their authority and status threatened by the new administration's rules and sought out special favors based on their prior seniority. These "end runs" often violated the rules of fair play, but little could be done.

"The lines were out between powerful doctors at each of the hospitals who used their influence with certain board members if I made an unpopular decision," Dr. David Littauer commented. "My first job was to get the administration in shape and I found that I was being undercut."[12]

Even more politically charged was the selection of full-time chiefs and directors of the combined professional departments. After extended deliberations, for example, the psychiatric service and staff at Cedars of Lebanon was spliced into the larger service at Mt. Sinai under two co-chairman; conversely, the small pediatrics service at Mt. Sinai was incorporated into the larger one at Cedars of Lebanon under its full-time chief. When Dr. Maxwell Andler confessed, "The closing of the Pediatric Section felt like an amputation, but we went down fighting," he probably captured the general feeling on both sides whenever a sacrifice had to be made.[13] For as this delicate process proceeded, it displaced some and overlooked others. Regrettable as this was, no amount of disappointment or resistance could forestall the inevitable: A new order was in the making.

With time, and to the credit of the combined effort of physicians at both hospitals, a fellowship was forged. "We all worked hard to make it work," Dr. Edward Phillips stated pragmatically. "The choice was to be a good second-rate community hospital or a first-rate merged hospital. The consensus was to opt for a first-rate merged hospital."[14]

By the fall of 1964, the Board of Trustees, informed by the recommendations of the Selections Committee and Medical Executive Committee of both divisions, named Dr. Charles Kleeman to the post of physician-in-chief of the Medical Center's Department of Medicine. Two full-time division chiefs were assigned to serve under him. Kleeman's challenge was to coordinate the training and teaching programs of both institutions by utilizing two physically separate attending staffs. Not only did his joint appointment establish guidelines for future staff integration; it presaged the Medical Center's academic affiliation with UCLA's School of Medicine, a key component in the Medical Center's evolution.

Much of this forward momentum was a direct response to the changes occurring in the overall healthcare environment.[15] Because personal incomes had risen so significantly during the 1940s and 1950s, more people could afford medical services than ever before. Along with consumer demand other powerful factors spurred the need for more doctors and medical facilities. These included: the growth of private health insurance as a fringe benefit of employment; new forms of national investment such as federally funded research grants; hospital building subsidies; the introduction of Medicare and federally funded mental health initiatives.

Medical schools focused greater emphasis on research and specialty training, stimulating more clinical clerkships on patient wards. As universities accrued increasing influence, community hospitals were quick to recognize the benefits of affiliation: Close ties with a medical school promised access to a pool of top graduates for house staff positions and a direct line to the latest research and treatment modalities.

None of these trends were lost on the Cedars-Sinai's leadership who meticulously laid the groundwork for an alliance with a local medical school, either the University of Southern California or the University of California. A formal affiliation would be mutually beneficial: The cooperating medical school would be able to take advantage of the Medical Center's excellent clinical opportunities; and the Medical Center would be able to offer its physicians academic positions as voluntary clinicians or full time staff. Cedars-Sinai demonstrated its seriousness by pointing to an expanding full-time program, research agenda and an impressive professional roster.

Joseph Mitchell described the board's commitment: "There is a difference between a medical center and a hospital. A medical center has to be a teaching facility, more like a university. George Thompson,

who was a strong board member, really pushed for a teaching program. He was right and we were able to make two hospitals into a great medical center."[16]

The board's actions influenced other philanthropists to pump money into educational programs. A $2 million dollar campaign in 1963 drew generous gifts, including those from Mrs. Lew Wasserman, Jules C. Stein and Harold Mirish of $100,000, $50,000 and $25,000 respectively.[17]

For geographic reasons, UCLA seemed to be the obvious match. But sympathies were split. Roughly 80 percent of the Cedars' staff maintained ties with USC, while the combined board and many on Mt. Sinai staff clearly favored UCLA.

"I don't remember any tremendous conflict over affiliation, even though a lot of people at Cedars were very active at the University of Southern California," Dr. Kleeman remarked. "At that time, USC's whole medical school was run by a group of outstanding people, few of whom were full-time. But because our proximity factor was very strong we felt that our greatest self-interest was to affiliate with UCLA. If any students came to work with us, if we had residents on elective rotations, if we wanted to do laboratory research, UCLA was close. Even though it was a fledgling medical school, we saw its potential. I think the years proved us to be correct."[18]

One amusing anecdote pegs the success of the UCLA initiative to a chance meeting of Cedars of Lebanon board member Raymond Lee, and Ed Pauley, University of California regent of Pauley Pavilion fame.

According to the story, the two men happened to be seated next to one another on a flight returning from Europe. By the end of the transcontinental trip, they had decided that UCLA should be associated with a Jewish hospital, just as Harvard University was with Beth Israel Hospital. Obviously, this was only one of many key conversations held from the mid-1960s onward that led to a cooperative association between the two institutions. By 1967, the alliance was going strong and joint programs of varying nature were under way in the divisions of Medicine, Pediatrics and Psychiatry.

All these compacts paved the way to formal negotiations involving Dean Sherman Mellinkoff of the UCLA School of Medicine and the Cedars-Sinai's lay and medical leadership, including Dr. Dwight L. Makoff, director of Medical Education, and Dr. Paul Rubenstein, director of Professional Services.

On Oct. 5, 1971, the official contract-signing affiliating Cedars-Sinai Medical Center and the University of California, Los Angeles in the Departments of Medicine, Pediatrics, and Obstetrics and Gynecology took place. This granted the go-ahead for similar professional relationships on a department-by-department basis. Naturally, each of these complex arrangements would take years to hammer out.

By 1976, the Medical Center would be training 25 percent of UCLA medical students, offering educational programs for its 1,400 attending physicians, and 60 full-time physicians with joint appointments would be supervising 125 interns and residents.[19] At last, Cedars-Sinai Medical Center would achieve the status of a major university-affiliated teaching hospital.

With the new Medical Center still in its embryonic planning stages, no one could predict how long its completion would take or how costly it would truly be.

Persistence and Change

The trials and tussles associated with the merger and the affiliation were all but invisible to the average man or woman in the community, who had little interest in these organizational impediments. However,

what did catch their attention was the changing face of free clinic services, a commitment to the community that the public held sacrosanct.

A shift in hospital policy began in mid 1966 with the implementation of Medicare and Medi-Cal programs. Under the new entitlements, many former free or part-pay outpatients now qualified for private care. This meant that for the first time since opening, both clinics reported an actual decrease in clinic use in the first few months: 13 percent fewer visits at Cedars; 17 percent at Mt. Sinai. Inpatient departments at both Divisions were impacted as well.

During the same period, hospital occupancy had surged slightly with 28 percent of all patients and 35 percent of medical-surgical patients at Cedars and 42 percent of all patients and 45 percent of medical-surgical patients at Mt. Sinai being admitted under Medicare.[20] These indicators startled hospital administrators and staff alike who were unsure of the long-term implications.

Soon thereafter, 75 beds were closed at Cedars, 30 in clinic services alone. This action baffled observers. Were the cutbacks due to a lower clinic census, the critical nursing shortage, a relief strategy for overworked staff or any combination of these factors?

Some saw a connection between the downsizing and impending labor negotiations facing the hospital administration. Others questioned the strength of Cedars' commitment to free care. Whatever the reasons, the results were unsettling and felt even more so when Mt. Sinai's Bonnie Beach Place hospital, the physical and spiritual birthplace of the institution, was closed in September 1966.

Preparations were made to place every one of the 66 remaining custodial patients, all covered by Medicare, in either Cedars-Sinai Medical Center facilities, approved nursing homes or home care programs equipped to provide better care. While the justification for shutting down Bonnie Beach was reasonable – the distant facility was obsolete, difficult to staff and incurring a $200,000-plus annual deficit – the closing didn't sit well with supporters. Nevertheless, in the new scheme of things, the new Medical Center could no longer justify propping-up the Eastside hospital based on sentimental attachments alone.

Whether improving health care services, boosting administrative efficiency or promoting consciousness-raising, the Medical Center was being forced to reinvent itself, top to bottom.

By 1968, charity services were again the focus of public attention when the two hospitals' clinics were merged and relocated in the Cedars' Clinic Building – chosen for its greater potential for expansion, more complete range of services and proximity to the needy population. The drastic measure was a response to a harsh set of administrative realities: the number of clinic visits, ancillary procedures and prescriptions had dropped dramatically; salary increases and expenses had risen faster than Medicare and Medi-Cal income; and only 54 percent of patients were eligible for reimbursements. Cutbacks in the Medi-Cal program and the Jewish Federation Council allocation combined with clinic deficits, $400,000 for Mt. Sinai and $800,000 for Cedars of Lebanon, all made for a cogent case.[21]

Yet, neither practical considerations nor promises that the clinic would ultimately reoccupy the new Medical Center could quiet the outcry from Mt. Sinai supporters who feared the closure was for good. Another piece of the past was vanishing right before their very eyes and with it, something even more intangible.

"The clinic had a certain small and homey flavor that everyone knew would be lost," said Dr. Elsie A. Giorgi, director of clinics of Mt.

Sinai and the Home Care Program from 1962 to 1966. "It was the people's clinic and they felt it was theirs. The older patients formed a committee just so they could have a say and tell me how things should be run! We had art and dance programs, and even performed a play called 'My Fairfax Lady.' It was such a human place." [22]

Whether the price of these losses justified the gains that were to come is impossible to evaluate. Some of these decisions were unavoidable; others, however flawed, were weighed with the greater good in mind. What must be kept in mind is this: The hospital leadership was moving the merger process forward with as much certainty as possible given the complications of the tasks before them. With the new Medical Center still in its embryonic planning stages, no one could predict how long its completion would take or how costly it would truly be.

Meanwhile, the demand for health services increased. In 1967, for example, admissions for both divisions totaled 29,643 patients. In response, each of the hospitals' hundreds of functional components were individually evaluated and decisions were made to upgrade, eliminate, downsize or combine them accordingly. Existing facilities at both locations were re-equipped and reconditioned on an ongoing basis, while buildings planned prior to the merger were constructed to meet patient needs and comply with the terms of government research grants. So, for example, in the same year, a four-bed intensive Coronary Care Unit opened at Mt. Sinai as Cedars' 18-bed psychiatric unit was converted into a 25-bed general medical and surgical floor.

More expenditures were made in 1968 when a pilot Extended Care Unit at Cedars was enlarged to 17, and a seven-bed Post-Surgical Care Unit was established at Mt. Sinai. And still more were on the drawing board as plans to expand the renal dialysis stations at Mt. Sinai and cardiology wing at Cedars were prepared in 1969.

As the new decade began, much more was changing. So rapid were these and other transformations that they were nearly impossible to keep up with. For example, Nursing Education augmented its specialized training to include such revolutionary procedures as home dialysis and total hip replacement post-operative care.[23] Financial operations went "on-line" with the installation of IBM's Shared Hospital Accounting System. And the Food Service borrowed a concept from commercial airlines and introduced "jet-set" meals, delivered to patients by trimly uniformed "stewardesses."

As larger social issues began to influence the way people viewed their work relations, an atmosphere of openness as well as confrontation permeated the hospitals' corridors. Affirmative Action workshops put long-suppressed issues of employee prejudice and discrimination on the table, while feminist concerns were aired in spirited lunch meetings, such as the one held at the Cedars-Sinai Management Club on Feb. 16, 1972, titled, "Why We Haven't Come A Long Way, Baby!"

Whether improving health care services, boosting administrative efficiency or promoting consciousness-raising, the Medical Center was being forced to reinvent itself, top to bottom.

A Harvest of Achievements

Last to merge were the two hospitals' research programs, partly because there was no space large enough to accommodate the combined staffs and partly because there was no rush to do so, at least not until the new Medical Center was ready for occupancy in 1976.[24] For the time being, the scientist-physicians were left alone, ensconced in their familiar laboratories, free to develop their ideas, while the administrative umbrella that coordinated all their projects was set in place.

After Dr. Kleeman became director of Medicine for both divisions, his esteemed colleague, Dr. Daniel Simmons, became the director of Research and associate chief of Medicine at the Mt. Sinai division, and then the director of the Cedars-Sinai Research Institute. His mandate to standardize the institution's research policies met with some initial resistance, but Dr. Simmons explained, this was to be expected. "After so many years of operating on their own, some, certainly not all, didn't want anyone looking over their shoulders or setting rules and regulations. They just wanted to be left alone to do what they

8

The Dream Fulfilled

GOODHEW
ON OUR WAY
to the new
CEDARS-SINAI
MEDICAL CENTER

The New World of Cedars-Sinai Medical Center

It was Saturday, April 3, 1976, at 7 a.m. when the early morning fleet of ambulances left Cedars of Lebanon Hospital festooned with a banner declaring: "On our way to the new Cedars-Sinai Medical Center." Their precious cargo: more than 80 obstetrical, gynecological and pediatric patients. Escorted by physicians and nurses, they were destined to be among the first to occupy the just-opened facility. At that time of day, the six-mile transport across town would take 20 or so minutes from door to door – the shortest part of a much longer journey that had begun more than a decade before.

Phase I of the monumental project had officially commenced in 1963 with the formation of the Medical Center Planning Committee, chaired by Theodore E. Cummings. Joining him was a Professional Advisory Committee, composed of 30 doctors from the Cedars and Mt. Sinai staffs. Together, they went to work creating a master plan and design concept.

First, a hospital consultant firm was engaged and an engineering and architectural site survey commissioned. This was followed by a design competition in 1964, won by Martin and Luckman Associates. Then, the firm of Robert E. McKee was hired to prepare construction cost estimates and later as general contractor. By the end of 1965, all these preliminaries were in place, awaiting review.

Early estimates placed the cost of the new one-million-square-foot Medical Center at $30 million, not including furnishings, equipment or land, a wildly optimistic figure that was to be revised upwards time and time again. During the period from 1961 to 1964, a Joint Fund Campaign to raise necessary construction funds was led by hard-working Board members Steve Broidy, Ben Winters, Louis Siegel, Stanley M. Stalford, Armand S. Deutsch, Anson Dreisen, Samuel Firks and scores of others. Initially, a good portion of the $14 million they amassed was funneled toward the acquisition of land. That left them approximately $20 million shy of their start figures.

Among the many strategies conceived to stimulate revenue was the decision to sell the Cedars of Lebanon Hospital property as soon as possible.[1] Another was to tap potential government support. But there were more than a few stumbling blocks ahead. While it was true that the new liberal agenda ushered in by the Kennedy administration supported federal programs and policies favorable to health care, an emerging view challenged the single-minded emphasis on hospital construction. As the political climate shifted toward discouraging projects, the money supply tightened and stricter criteria were appended to necessary approvals.

No matter what the impediments, the dream would survive intact. Perhaps the scale of it might change, but the vision, never.

Applying for what seed money there was began with the Health Planning Association of Southern California, later renamed the Southern California Comprehensive Health Planning Council. As early as 1965, this powerful organization endorsed the concept of the new Medical Center in theory. Yet, in 1969 and again in 1971, it denied Cedars-Sinai the critical Certificate of Need on the grounds that Los Angeles was awash in hospital beds.[2] Strenuous counter arguments that Cedars-Sinai would serve as a regional medical center by training medical interns and residents, conducting research, and attracting patients from several Western states, fell on deaf bureaucratic ears.[3] Finally, there was nothing the Medical Center leadership could do but accept the Planning Association's decision and its unsettling consequences: no affidavit; no federal monies.

This setback, like no other, had far-reaching implications. Every penny of the millions of dollars necessary would have to be raised from the community and lending institutions. Irving Feintech, chairman of the board from 1993 to 1995, remembered, "We were concerned, but

we were also committed to building the hospital, determined to go ahead, even if we had to beg and borrow money. The Jewish community felt that if they had to, they could do it themselves."

Were it not for this attitude and the board's peerless entrepreneurial and social acumen, the fate of the Medical Center might have been different, for facing them was the fund-raising challenge of their lives. Leading the charge once again was Steve Broidy, who resumed the presidency after Samuel Briskin's brief tenure from 1964 to 1966.[4] And on one point, Broidy was absolutely adamant. No matter what the impediments, the dream would survive intact. Perhaps the scale of it might change, but the vision, never.

It was like taking everything that the community had – physically and morally – and hocking it.

Many on the board preferred to raise a portion of the capital before plunging headlong into the project, but Broidy forcefully proposed an alternative.

So as not to lose momentum while permanent financing was being secured, he suggested using shorter-term loans to underwrite incremental phases of construction. The success of this approach hinged on the Medical Center's long and intimate association with Union Bank and Steve Broidy's close personal and working relationship with its chairman, Harry J. Volk, Ben Meyer's successor. Volk and Broidy, a veteran Union Bank board member, adroitly convinced seven other banks (Bank of America, Security Pacific National, Crocker National, Wells Fargo, United California, Lloyds and City National) to spread the risk and share the financial package for construction.[5]

Naturally, more than the construction and "take out" loans would be necessary to complete the project, so another agreement was struck: If the Medical Center could secure pledges for a certain percentage of the equity, the banks offered to lend additional funds against these commitments.

"Under this arrangement, not only was there a means to repay the advance on the equity loan, but also a way to evidence the community's support for the project," Steven D. Broidy, board chairman from 1998 to 2001 and Steve Broidy's son, recollected. "If a good share of the equity necessary was committed, it was likely that all of it would be."[6] Somehow the board and the banks believed they'd made a good bet.

The next hurdle, finding permanent funding, was a formidable one, especially since projected costs and inflation rates were spiraling, driving the requested sum steadily upwards as months turned into years. Again, Volk, Broidy and others cooperated closely to structure $65 million worth of long-term loans with two insurance companies, Equitable Life Assurance Society and Prudential.[7] Then, later, when the California Health Facilities Authority was granted the power to issue tax-exempt bonds for the specific purpose of funding private, non-profit health care facilities, Ben Winters and Robert Silverstein persuaded Steve Broidy to initiate a $95 million bond offering. Doing so would essentially erase all the bank debt and replace it with long-term lower-interest financing, having close to $5 million dollars in annual interest payments alone.[8]

Not that these financial stepping-stones were laid in a tidy or even timely fashion. Far from it. The effort was exhausting, haphazard and risky, and took what seemed like forever to complete.

Former Executive Vice President Ben Winters commented: "It was years before we got the permanent financing. So in the meantime, we had to borrow money to pay for the construction. Inflation was going wild, rates were up to 14 percent, which meant that there were times when the interest on our loans, on a daily basis, was larger than the amount that had been pledged. That really contributed to a lot of sleepless nights!"[9]

Little went smoothly and the leadership was forced to accustom themselves to close calls and last-minute maneuvers. Another incident,

(l-r) Anson I. Driesen, Norman Feintech and Steve Broidy

one that some would label bold, others downright insane, involved the fast-track purchase of $8 million worth of construction steel at a time when the Medical Center didn't even have that much money in the bank.

"We borrowed from Peter to pay Paul," Winters said. "Somehow we muddled through it and lucked out!" Even so, the leadership's public confidence belied their constant worry.

Guts. Timing. Know-how. Faith. All these qualities strongly influenced the successful outcome of the leadership's efforts, but one, alone, determined it: The excellent standing of the Jewish community. "The Jewish community has a fine reputation for honoring its commitments, so this was part of the comfort that lenders had. They knew that the obligation would be paid off," said Bram Goldsmith, then CEO of City National Bank. "We had to get a permanent loan and all this had to tie in because the construction loan was being lent on the assets of the old Cedars of Lebanon and Mt. Sinai Hospitals. It was like taking everything that the community had – physically and morally – and hocking it."

Theodore Cummings was named General Campaign chairman in charge of private solicitations. Cummings brought a distinct personal style, best characterized as "suave" and "diplomatic," to the delicate task. In his determination to expand the Medical Center's base of community support, he attempted to break through fund-raising barriers by petitioning a wider spectrum of influential donors than ever before.

Mrs. Susan Cummings explained her husband's ecumenical philosophy: "Ted felt that the key to the Medical Center's success was to invite everyone to participate, prominent people who weren't necessarily Jewish but who wanted to build a fine hospital. Men like Justin Dart, Leonard Firestone and Dr. Franklin D. Murphy, the former chancellor of UCLA. We both believe that we live in a community of people and what we take out should be put back in, doubly, regardless of faith."[10]

Despite this outreach, the lion's share of donations still originated from the Jewish community, more than 95 percent by some estimates. The auxiliaries and affiliates had much to do with making this possible. Without their stamina and spunk, the new Medical Center might have been a lost cause. One fund-raising event serves as a good example.

In 1966, the 6,000 member-strong Mt. Sinai contingent, representing more than 50 organizations, held a ball marking the second half of a $500,000 "Gold Brick Campaign." For $125, a donor received an imitation gold brick and an engraved pin that read: "I Helped Build Cedars-Sinai Medical Center." Over the next decade,

Rendering of the new medical center. The architects' conception included a 17-story tower containing 1,300 patient beds; a professional services building housing surgeries, intensive and cardiac care units; and laboratory, X-ray and other ancillary departments that would overlook the Thalians Community Mental Health Center.

hundreds of similar events generated tens of thousands of donations, some large, some small, all of which breathed life into the campaign slogan "The New World of Cedars-Sinai Medical Center."

The Picture of Health

Around this time, Planning Phase I evolved into Phase II, a difficult design stage that defined how more than 40 major functional activities were to share space in the projected medical towers. Resolving all of these competing needs was no small task and required more than 100 conferences between the architectural group and members of the hospitals' professional and administrative departments.

While these grand-scale issues grabbed most of the limelight, practical concerns were also rising on the operations side. Both divisions were running at maximum capacity: intensive care units, renal dialysis stations and operating rooms for special cardiac procedures were crying out for expansion. Pumping more money into renovations that would be abandoned as soon as the new Medical Center opened was the last place the board wanted to concentrate funds. But they did, anyway: expanding quality care, research, and medical education.[11]

So in the late 1960s, for example, the creation of a full-time Division of Obstetrics and Gynecology was authorized; a unique post-graduate regional program for specialized coronary care nurses was initiated; and 116 house officers, an all-time high, signed on for duty. Just because the new building campaign was on the top of everyone's list didn't mean that support for these and other special programs came to a standstill.

As usual, the die-hard affiliates and auxiliaries stepped in to fill the financial breach by planning luncheons, dinner affairs and fashion shows galore. One such event to benefit patient care, research and education was Women's Guild's West Coast premiere of *Funny Girl*, held Oct. 9, 1968, at Hollywood's Egyptian Theater. Thirteen hundred tickets were snapped up and more than 800 guests clambered to attend the New York Lower-East Side theme party, complete with backdrops and props from the film. All under a huge tent.

It is not so hard to imagine that because so much time had passed since the initial merger, some were beginning to doubt not so much when, but if the towering Medical Center would ever rise into the sky at all. The hardcore skeptics pointed to the embarrassing fact that after seven years, the two divisions shared little operationally but their laundry services. However, in the fall of 1968, when the first official master plan of the new one-million-square-foot Medical Center was unveiled, attitudes began to change. The architects' conception included a 17-story tower containing 1,300 patient beds; a professional services building housing surgeries, intensive and cardiac care units; and laboratory, X-ray and other ancillary departments that would overlook the Thalians Community Mental Health Center.

George Heltzer, vice president and head of the Building Committee, was named to supervise the actual construction, tentatively scheduled to begin a year later. But by then, the site plan looked considerably different, reconfigured to utilize seven newly acquired acres of property. The hub of the new facility was no longer a 17-story structure, but twin nine-floor towers containing 1,050 beds for patients and space for support services. Of special note were the 257 beds devoted to intensive and coronary care, more than a large percentage of hospitals in Los Angeles had in total beds, and an emergency room projected to handle 60,000 cases a year.[12,13] What facilitated the total redesign was the

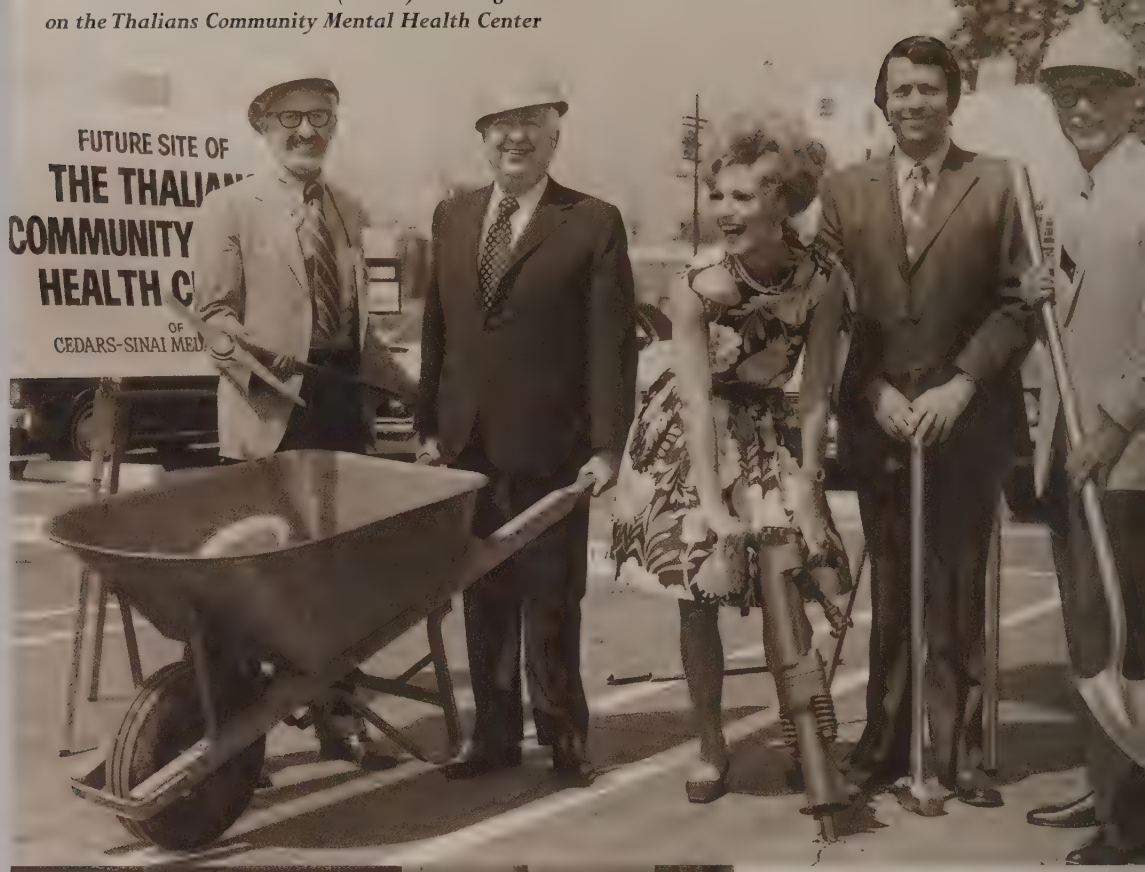
1971

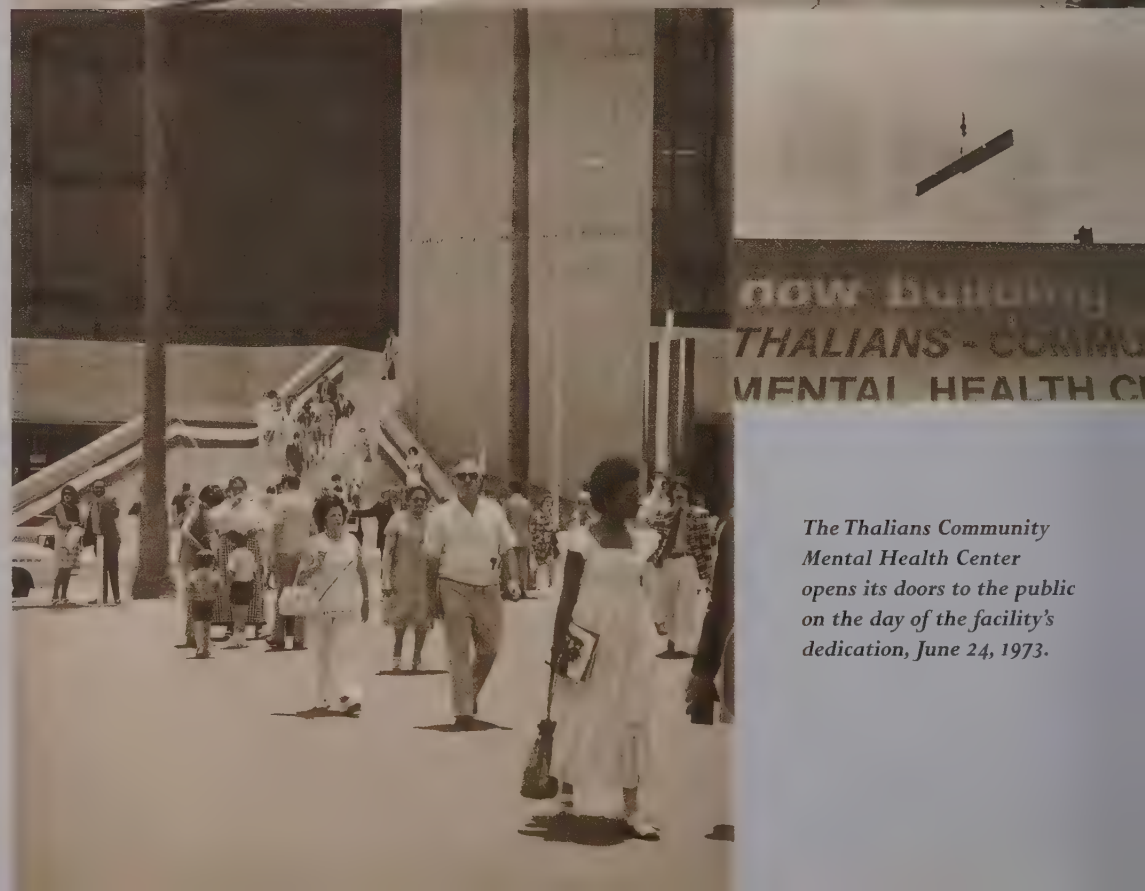
Thalians Mental Health Center

In 1961, when Cedars of Lebanon and Mt. Sinai hospitals merged, The Thalians pledged $1 million of an estimated $8 million to construct a mental health center on the Cedars-Sinai campus. Subsequently, The Thalians continued to raise funds for the facility, pledged another $1 million in 1967, and continue to fund the center to this day.

On Oct. 3, 1971, a groundbreaking ceremony was held for construction of the facility, and on June 24, 1973, the Thalians Community Mental Health Center was dedicated. (The word "Community" was later dropped.) The 96,000-square-foot, 80-bed, state-of-the-art facility brought together a unique combination of innovative architectural design with the latest in mental healthcare techniques, and a comprehensive program of treatment modalities became available for the entire family, from pre-school children to senior citizens.

on the Thalians Community Mental Health Center





The Thalians Community Mental Health Center opens its doors to the public on the day of the facility's dedication, June 24, 1973.

successful acquisition of air and subterranean rights above and below Alden Drive, the first variance of its kind, from the city. Revised schedules called for the start of construction in 1971, with completion envisaged for mid-1973.

Yet, as tangible as the architectural plans were, the project remained vague, abstract and even un-doable in many people's minds. What truly reanimated the community's faith in the developing Medical Center was the Oct. 3, 1971, groundbreaking ceremony for the Thalians Community Mental Health Center, located on the southwest corner of Alden Drive at Hamel Road. More than 1,000 persons attended the event, including Robert Finch, counselor to President Richard Nixon, and Mrs. Ronald Reagan. Publicity shots of Presidents Steve Broidy and Ruta Lee, newly installed board member of The Thalians support group, and smiling representatives from affiliates such as the Cheerful Helpers, the Julia Ann Singer Preschool Psychiatric Center, and the Sapiens – all sporting hard-hats, jackhammers and shovels – reassured many that concrete progress was finally being made.

One reason that the Thalians center had jump-started the Medical Center project was that it was so much smaller in scope. Another was that the facility had received a $2.4 million federal/state grant in 1967 as part of the Kennedy administration's initiative to promote "community based" mental health services. With this incentive, entertainer Debbie Reynolds, chair of The Thalians board, joined with George Heltzer and Lester Finkelstein, working on behalf of the Medical Center, to announce tandem fund-raising campaigns of $1.3 and $2 million dollars, respectively.

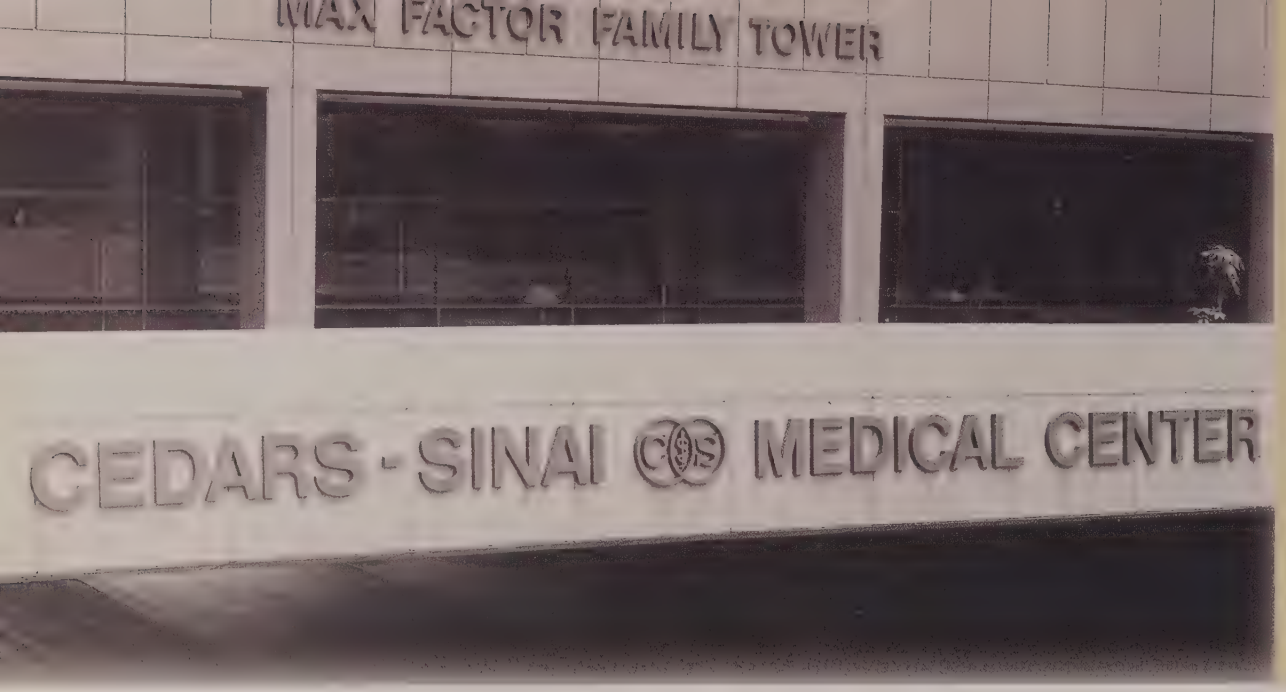
But the Thalians Community Mental Health Center's groundbreaking was important for yet another, more urgent, reason: political timing. California state legislation passed in 1969, designed to slow hospital growth, had tightened need requirements for hospital licensure even more.[14] Given Cedars-Sinai's status with respect to the Certificate of Need, the institution sought to qualify under a set of exceptions carefully defined by a grandfather clause appended to the bill. The conditions were defined as follows: Need approval could be waived if plans and license applications were submitted prior to January 1, 1971 and construction was begun by July 1, 1971.

While the new Medical Center had proved that it could move ahead without the public monies linked to the Certificate of Need, licensure was absolutely necessary for survival. But the clock was ticking. Had it not been for the June 15, 1971 demolition of existing buildings to make way for the Thalians center, the bureaucratic green light for the new Cedars-Sinai Medical Center would have turned red. It was that close.

The Thalians center's dedication on June 24, 1973, reaffirmed President Kennedy's distant hope that "the cold mercy of custodial isolation be supplanted by the open warmth of community concern and capability."[15]

Even the design of the facility echoed his progressive thinking. The building's unorthodox structure, consisting of three interconnected triangular-shaped wings set on a raised plaza over a 145-car parking level, incorporated glass and architectural concrete to create a "non-institutional," airy interior. Mature trees and greenery created an inside-outside garden effect therapeutic for patients, according to Dr. Judd Marmor, the first chief of Cedars-Sinai's Division of Psychiatry. Destined to become one of the most complete facilities of its kind in the United States, the new Thalians center was a far cry from the modest, one-story building that had housed the fledgling Thalians Clinic for Emotionally Disturbed Children at Mt. Sinai Hospital in 1959.

What generated as much, if not more, community excitement were the architectural blueprints for the larger Medical Center that went on display in the fall of 1972. The main building complex for medical, surgical, pediatric and obstetrical patients was to consist of twin towers, six floors above a broad three-story and mezzanine base connected on each floor to a professional tower and an administrative core. Interstitial space measuring more than seven feet of headroom between each floor allowed for future modernization programs with minimal disruption to the adjacent levels and permitted the installation of a mechanized materials handling system. Contained within the



The Max Factor Family Foundation provided much-needed seed money for the new Medical Center. The donation also gave Cedars-Sinai's fund-raising efforts renewed credibility.

professional tower were clinical labs, radiology, operating rooms, intensive care units, labor and delivery rooms, nurseries, professional offices and services. In effect, each care unit was structured so that virtually every patient floor was a hospital within itself.[16]

All patient rooms were to be private, organized in clusters, and serviced by teams of nursing personnel, thereby eliminating the traditional central nurses' station. A floor located on the uppermost level offered luxury accommodations and premiere meals for individuals willing to pay first-class prices.

More unusual still were plans to embellish the hospital interiors with fine art, prints, watercolors, photographs, reproductions, sculpture, all to promote a positive environment and the patient's well being.

Mrs. Marcia Weisman, the driving force behind the effort, summed up her belief in the healing power of art this way: "Art challenges, makes us think, diverts our thoughts away from bad feelings, and lets us move on to thoughts that make us feel better."[17] She and the other key advocates for this idea assured the hospital leadership that the art program would neither drain hospital funds nor compete for donations. No more needed to be said for the go-ahead.

An Advisory Council for the Arts was formed and given autonomous responsibility for selecting and procuring pieces for the Medical Center's collection. Artists, art collectors, galleries, and print publishers alike were persuaded to contribute more than 2,000 pieces of artwork for the thousands of feet of wall space in the Medical Center's hallways, public areas and patient rooms. Not only did Mrs. Weisman and her husband, Frederick, draw upon their own private holdings, but so did Mrs. Weisman's brother, Norton Simon, patron of the Norton Simon Museum, who offered some 500 museum posters.

Other major donorations included retired businessman David Gensburg's more than 400 lithographs, industrialist Dr. Armand Hammer's 200 framed reproductions of paintings from Russia's Hermitage Museum, and the rest from approximately 200 other individuals, corporations and institutions.[18]

Today, Cedars-Sinai's extensive art collection includes more than 8,000 donated art objects and fills 1.6 million square feet of space at the Medical Center.[19] The Marcia Simon Weisman Gallery, dedicated on Oct. 1, 1992, commemorates Mrs. Weisman's remarkable vision.

Together We Can Make It Grow

The new Medical Center was a literal renaissance in the making and its total price tag was as unprecedented as the vision. Eventually overruns and delays would push the $100 million estimate to $130 million. But in late 1972, the board was still working with the more conservative figure and framed the financial picture as follows: a $65 million loan was in place and $15 million in advanced gifts had been received. Private philanthropy totaling more than $20 million would be necessary to attain the funding goal. Chairman Ted Cummings and a powerhouse coalition of leaders including Steve Broidy, Alfred Hart, George M. Thompson and Harry J. Volk spearheaded this turning point campaign, with Ben Winters named as Advance Gifts chairman.

They were soon to prove that the spirit of tzedakah was very much alive and well in Los Angeles' Jewish community.

In much the same way that Kaspare Cohn had given the tiny tubercular hospice on Carroll Street its start some 70 years before, so the Max Factor Family Foundation was to seed the future of Cedars-Sinai Medical Center with an unprecedented $4 million pacesetter gift in 1972. The Medical Center's delighted campaigners asked the foundation's trustees to consider placing their name on an exterior wall of the new Medical Center. But, permission to do so was not immediately forthcoming.

While the foundation had been lending support to hundreds of charities since 1941, it had always shied away from any form of public self-aggrandizement. Barbara Factor Bentley, longtime board member and the first woman ever to hold the position of chair of the Board, explained the hesitancy this way: "The family was very low-key and had never sought name identification. What we were able to do for the community and other people was far more important."[20]

Following lengthy negotiations, however, an agreement was reached allowing the Factor name to be placed prominently on the facade of the Professional Tower. The foundation's decision had both symbolic and practical implications. "The tower actually anchors the whole building structurally in much the same way as the Medical Center is a part of the foundation of the larger community," Barbara Factor Bentley continued. "We were proud to be part of such a tremendous community asset."[21]

According to board member Robert Silverstein, "The foundation's gift and name identification gave believability to the whole campaign. It was like turning on a faucet. From that point on, we were able to move ahead."[22]

On Sept. 26, 1972, a kick-off dinner, held in the Empire Room of the Beverly Hilton Hotel, raised more than $4 million, including a $1 million pledge each from the Fashion Industries Guild and the Attorneys Division. During the period that followed, $2.5 million was pledged by the Medical Staff Campaign. And, in an independent effort, more than 1,000 hospital employees gathered together more than $250,000. A significant portion of which went toward an area in the new Food Service Department, memorializing long-time Cedars' Executive Chef Robert Griffith. So began a philanthropic outpouring from individuals

The spirit of tzedakah was very much alive and well in Los Angeles' Jewish community.

and families unparalleled in Cedars-Sinai's previous history.

As soon as November 1972 was proclaimed Cedars-Sinai Health Building Month, in honor of the official groundbreaking ceremonies held on the 5th, a whole other set of fund-raising wheels was set in motion. Less than a week before, Steve Broidy and Stuart J. Marylander, then executive director of the Medical Center, had signed a $70 million construction contract with Robert E. McKee Inc.[23]

The stage was set. Dozens of city, county and state officials, and more than 4,000 Medical Center supporters streamed down Cedars-Sinai Way, renamed for the occasion, on their way to the outdoor celebration. The assembled crowd settled into their seats as a color guard from the First Division Marine Band played a proud rendition of the national anthem.

Laudatory keynote speeches from Governor Ronald Reagan, U.S.

Cedars-Sinai Medical Center Groundbreaking Ceremony

Above left: Governor Ronald Reagan with Nancy Reagan, Theodore Cummings, and Steve Broidy

Above right: Mrs. Nixon

Lower right: The first ceremonial shovelsful of earth are turned

Surgeon General Jesse L. Steinfeld and Medical Center notables, highlighting the years and events leading to the groundbreaking, followed. As soon as Mrs. Nixon, Senators Alan Cranston and John V. Tunney, and Governor and Mrs. Ronald Reagan turned the first ceremonial spades of dirt, onlookers broke into thunderous applause. Then, First Lady Pat Nixon graciously accepted a hospital volunteer uniform from Mrs. Max Mintz, director of Cedars of Lebanon Clinic Volunteers and Mrs. Norman R. Tyre, Women's Guild president. Finally, the immense crowd's murmuring gave way to silence as Rabbi Lewis M. Barth, dean of the California School, Hebrew Union College, delivered the invocation, reminding all those assembled of the spiritual foundation that had cradled the splendid undertaking.

From that day on, public awareness of the project exploded, spurred by celebrity tennis and golf tournaments, gala performances such as "Sinatra in Concert With His Friends," and television and radio spots starring Hollywood stars Bill Cosby, Charlton Heston, Jack Lemmon and Carroll O'Connor, all of whom donated their time and talents.

The Donor Honor Roll quickly grew into the thousands, whose names, if included here, would add hundreds of pages. Between Jan. 1 and Feb. 28, 1973, for example, nearly 400 contributions from individuals, families, businesses and foundations were made to the Building Fund, alone.[24]

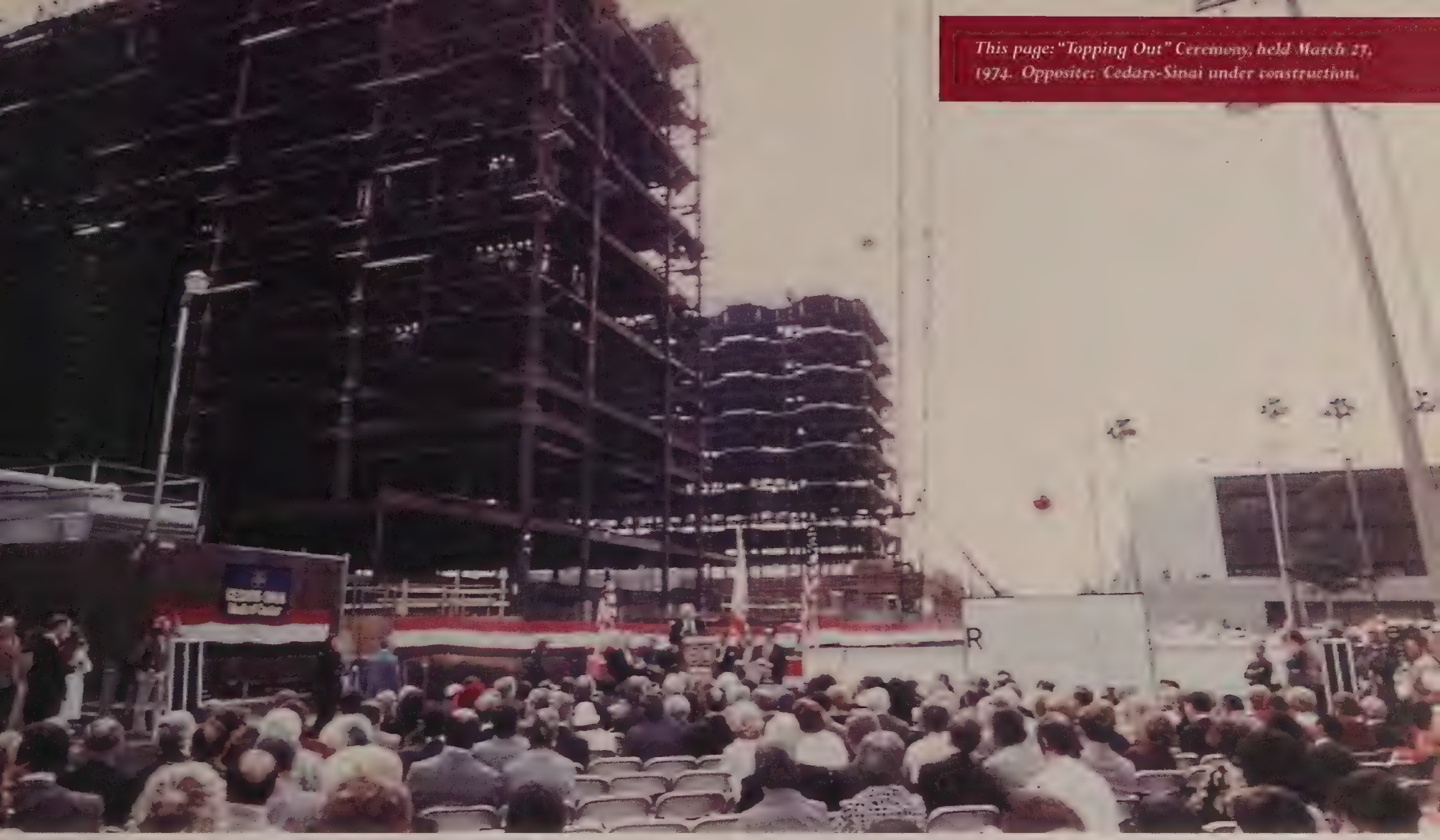
To a great degree, fund-raising is done on a personal basis. It is a commitment that one person makes to another. It is also an art, involving just the right mix of conviction, humor, and gentle and not-so-gentle persuasion. Who does the asking is critical. If the "wrong" person approaches the donor, either a gift may not be offered or it will be more modest. But if the "right" person asks, the results are likely to be significantly different.

Ernest J. Friedman, a fund-raising veteran, co-chairman of the Building Committee during this time and chairman of the board from 1986 to 1990, knew this lesson from experience. "The board worked together constantly and consistently discussed the people who we might feel comfortable speaking to," he began. "You went to your close friends and asked them for a pledge with a three-to-five year payoff. They knew their names would be associated with a great institution and they wanted to be part of it. If they gave me a token amount of $100,000 there were times I'd say, 'Well, that really isn't enough – you can give me more than that!' And they would. But believe me, there were a few times when it was really a sales job."[25]

As soon as the first ceremonial spades of dirt were turned, onlookers broke into thunderous applause.

In other instances, the Medical Center fund-raisers approached their task more like scientists, devising novel ways of giving such as the multiple-year gift or taking special care to match a particular donor to his or her area of interest. It was a team effort, according to Larry Baum, senior vice president for Community Relations from 1962 to 1998 and currently emeritus director of Community Relations and internal consultant, who was part of the effort. "No one among us had ever built a hospital from scratch before, so fund-raising during that period was like riding a wave of sheer excitement and terror. We would have breakfast meetings nearly every day so that we could evaluate our results, sift through and analyze prospective donors and make new assignments. Our enthusiasm didn't make the job easier … it made it possible."[26]

A conservative, dignified fund-raising style evolved that attracted an increasing number of individuals who were pleased to have their names associated with part of the facility such as a cardiac unit, surgical suite, pavilion or placed on the exterior of a building. Even so, with all the fine-tuning and momentum, the Building Campaign had to fight for every dollar it received.



This page: "Topping Out" Ceremony, held March 27, 1974. Opposite: Cedars-Sinai under construction.

Today, the names of those who built the Medical Center's financial foundation are inscribed on the north wall of the hospital's lobby on the Plaza Level. This provides a permanent record of the names of the Founding Life Members, Life Members, Benefactors, Patrons, Fellows and Associates. However, given the limitations of these pages, it is possible to mention only a few who participated over the duration of the campaign.

In addition to the Max Factor Family Foundation and individual gifts from family members Anna and Davis Factor, Sr., Doris and Louis Factor, Max and Celia Firestein, Irving and Frieda Friedman, Dorothy and Sidney Factor, and Max Factor Jr., there were many other loyal supporters. These included (but were not limited to) Frances and Steve Broidy, Susan and Theodore E. Cummings, Maud Cady Guthman, Viola and Alfred Hart, and Ruth L. and Lawrence A. Harvey. Adelaide K. Herzog made significant donations. So did Edie and Lew Wasserman, the Rita and Taft B. Schreiber family, the Lillian and Meyer Schuman family, the Mark S. Schulman family, and Edith and Lillian Kaplan. The Barney Morse Memorial Fund, Andrew Norman Foundation, Louis E. and Birdie Halper Foundation, Fashion Industries Guild, Helping Hand of Los Angeles, the Medallion Group, The Thalians, Women's Guild and United Hostesses' Charities also showed outstanding generosity. For the philanthropy of hundreds more, the Medical Center is forever grateful.

Within seven months of the groundbreaking, the first of 500 steel columns were being riveted into the Medical Center's completed sub-

Cedars-Sinai Medical Center promised to become far more than the sum of its two parts

structure. The progress was heartening, especially since a series of calamities kept stalling the construction schedule. First, nature conspired to slow progress by delivering a siege of heavy rains that transformed the building excavations into enormous muddy swimming pools. Then, a steel industry strike disrupted the delivery of materials. Time would solve these problems and, by March 1974, the last steel girder was finally swung atop the west end of the North Patient Tower and welded into place, prompting the traditional "topping out" ceremony. Finally, workers installed the window wall and, by 1975, the exacting process of preparing the technical service areas and interiors for occupancy had finally begun.

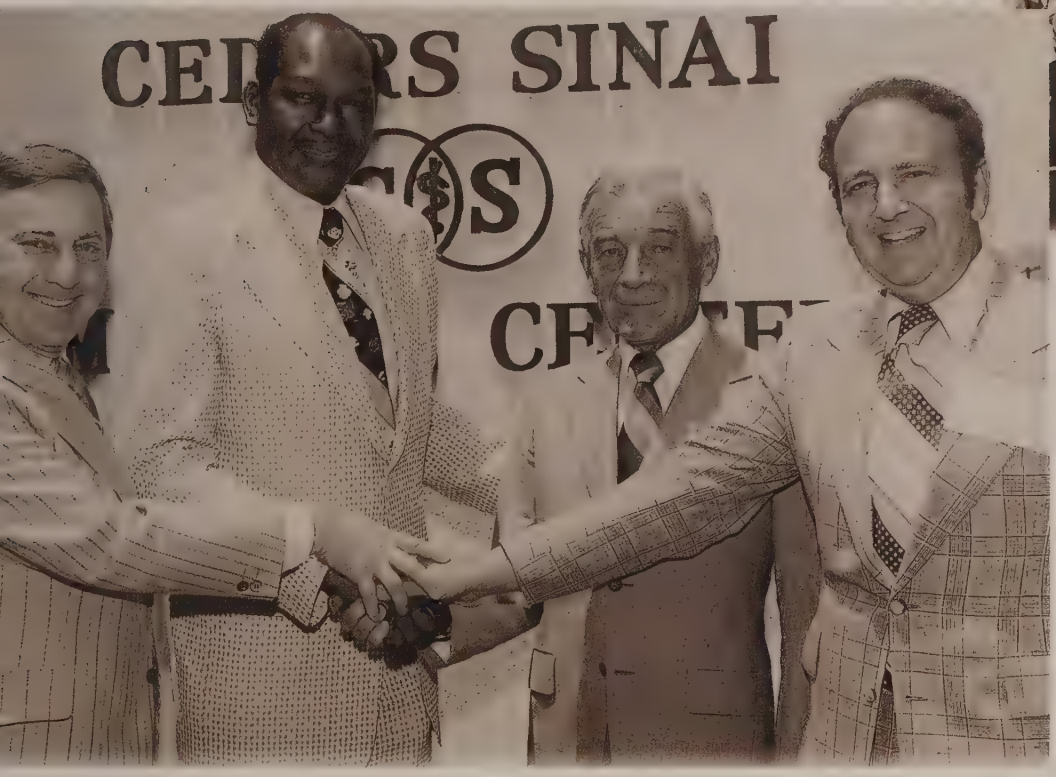
On June 6, 1976, Cedars-Sinai Medical Center was officially dedicated. Norman Feintech recalled his feelings. "Like so many other people there, my wife Evelyn, brother Irving and I had worked for years to see this day. The dedication was a crowning event for us – a highlight of our lives. Had the Medical Center not been built, Cedars of Lebanon would have been a good institution; Mt. Sinai would have been a good institution. But together, they became great!"[27]

The historic celebration was held in an enormous billowing tent that shaded most of the nearly 8,000 guests. The raised dais was again replete with prominent and influential figures. Master of ceremonies and long-time board member Bernard Weinberg began the introductions: First Lady Betty Ford, Governor Edmund Brown, Senator John Tunney, Attorney General Evelle J. Younger and Los Angeles Mayor Tom Bradley were among the many. Their speeches hailed the institution's noble purpose and the qualities of the hospital leadership. Words like "indefatigable," "impassioned," and "visionary" rang through their remarks.

But the Medical Center leadership was hardly the group to sit on their laurels. Even as they listened to the adulation, a wave of conflicting feelings washed over some among them, from pride, relief and elation to thoughts of future challenges and the inevitable crises that lay ahead. Then, as if the U.S. Marine Band from Camp Pendleton were reading their minds, the musical director struck up the Medical Center's unofficial theme song, "The Impossible Dream"! Concluding the celebration, First Lady Betty Ford ceremoniously opened a symbolic door to the Medical Center and greeted five representatives of the staff. In a few, well-chosen words that brought everyone back to the moment, she dedicated the Medical Center "to all whose love and compassion made it come true."[28]

Cedars-Sinai Medical Center promised to become far more than the sum of its two parts: A singular affirmation of the community's evolving unity and strength. Financing and building delays, bureaucratic snags and even inclement weather had played havoc with the massive project. Yet, the vow to bring the dream to life had been kept against all odds. The indomitable will of key supporters had prevailed. In order to make this so, there had been struggle; there had been sacrifice; there had been reverence for the task. And even now, whenever you ask any one of thousands who gave so much why they persevered, one theme echoes through out all their answers: There is nothing more worthy than working for the greater good and experiencing the grace of bringing blessings into being.

Joseph N. Mitchell, Tom Bradley, Theodore Cummings and Stuart Marylander



Dedication Day
Cedars-Sinai Medical Center

Steve Broidy and the First Lady, Mrs. Gerald R. (Betty) Ford

9

Cedars-Sinai Medical Center Comes of Age

1976-1990

Health Care in Transition

By the 1970s, there were clear rumblings that future changes in health care were to be cataclysmic. Seeking solutions, pundits and policy makers across the political spectrum took aim at conventional fee-for-service health plans and questioned whether a system structured to reward providers, hospitals and doctors for maximizing reimbursements rather than minimizing costs might be replaced by some other form of payment. Many called for sweeping reform, but few agreed on how to avert the crisis visible on the horizon. Opinions and proscriptions diverged widely. Yet there was unanimity on one point: Something had to be done.

But what? Was national health insurance the answer or would better solutions derive from more market-driven alternatives? The growing national debate prompted Washington politicians to grapple, however reluctantly, with these pressing issues. As early as 1971, President Richard Nixon had pushed for the establishment of planning grants and loan guarantees to assist an "innovative strategy" known as health maintenance organizations (HMOs). Then, in an attempt to move the country toward one coordinated system and away from the fee-for-service paradigm, Congress passed legislation aimed at containing hospital expansion, linking health care regulation and planning, and connecting federal and state programs.[1]

However well intended, complex initiatives such as the National Health Planning and Resource Development Act foundered. Whatever subsequent attempts to craft a national health care plan there were, were undermined by the explosive force of the Watergate scandal and Nixon's eventual resignation. But whereas Nixon disappeared from the political arena, the problem of affordable health care refused to go away. If nothing else, the situation worsened.

By the mid 1970s, compounded by a severe economic recession following the Vietnam War, inflation in the health sector was running roughly three points over the economy's general rate of 6.8 percent.[2] The implications for the Medicare and Medicaid programs were disastrous. Medical expenditures soared. Even so, President Carter's proposed federal hospital cost containment legislation was roundly defeated by Congress in 1979.[3]

Then, under the Reagan administration, there was a push for pro-competitive reform. Popular as the idea was among some representatives, Congressional Democrats and Republicans failed to muster enough votes to pass comprehensive legislation and, as a result, the administration's interest faded. What survived was the spirit of pro-competitive reform. Throughout the 1980s, this spirit seemed to take on a life of its own as the general practice and delivery of medicine became far more entrepreneurial than ever before.

The phenomenal rise of ambulatory procedures resulting from technological advances; the declining the use of high-overhead hospital beds; the increase of HMO subscribers; and the growing surplus of physicians, especially specialists, were all factors that promised to redefine services and reshape the relationships between insurers, providers and health care consumers. Like it or not, reform or no, fundamental changes that would affect health care delivery were no longer so very far away.

The Highest of Aspirations

In 1976, the gleaming, newly constructed towers seemed poised to begin their transformation into a world-renowned medical center and almost immune from the dreary predictions hovering around the future of national health care.[4] Fortunately, Cedars-Sinai's solid backing from Los Angeles' prosperous Jewish community and a wide network of prestigious foundations and organizations served to shield the institution from these larger concerns, at least temporarily.

As it turned out, tackling the opening of a new and vast medical center was more than enough to handle. Because no one expected that the physical merger of Cedars of Lebanon and Mt. Sinai hospitals would be easy, detailed preparations had been made to facilitate the transition. The task was immense, given that the Medical Center's projected patient capacity of between 138 and 168 beds per floor far exceeded most hospitals in the United States at the time.

Chaplaincy

(Left) Jewish Chaplain Rabbi Levi Meier, PhD, Stuart J. Marylander and Rabbi Martin Ryback of Board of Rabbis at the opening of the interfaith Cedars-Sinai Chapel

(far left) Catholic Chaplain Father Vincent Martin administers the sacrament.

tholic Chaplain Father chael Wempe with Jewish aplain Rabbi Levi Meier, PhD

Christian Chaplain Denise LaChance

A comprehensive chaplaincy program was included in the initial planning of Cedars-Sinai, as well as an interfaith chapel on the Plaza Level that would be open 24 hours a day for meditation and individual prayer. The program would also offer patient, religious and community services, and religious observances.

In 1977, Father Vincent Martin became the first full-time, volunteer Catholic priest at the Medical Center. He was followed by Father Joseph Arnold in 1983 and Father Michael Wempe in 1988.

Denise LaChance, part-time interfaith chaplain in the Hospice Program, was promoted to full-time housewide chaplain in June 2002, following Father Mike's retirement.

Rabbi Levi Meier, PhD, was appointed Jewish chaplain in 1978 and continues to serve in that role.

During the Medical Center's four years of construction (1972-1976), teams of professionals – planners, attending and full-time doctors, nurses, administrators and others – joined in a process to articulate, review and approve what were to become the policies, procedures and manuals specifying the finer points involved in the functioning of each area.[5]

With all this in place, floor by floor, unit by unit, Cedars-Sinai became operational. During this initial period the Respiratory Intensive Care Unit, the Inpatient Rehabilitation Unit and Telemetry opened, in addition to the Acute Diabetic-Metabolic Unit, the first of its kind in Southern California, and the Pediatric Intensive Care Unit.

As more beds and services became available, the overall patient census improved. By January 1977, just eight months after the Medical Center opened, records indicate that more than 35,000 adults, children and newborns had been admitted as inpatients. Utilization of the Emergency Unit, one of the largest in California, was increasing 10 to 15 percent each successive month.[6] Combined with outpatient visits to the Ambulatory Care Center, patients served totaled close to 85,000.

Start-up activities and ongoing problem-solving efforts consumed the administration, staff and employees. Space does not permit a comprehensive summary of the range of accomplishments over this first two-year period, but the following provide an insight:

- A one-year agreement was implemented to provide obstetrical services to Kaiser Foundation Hospital patients.
- A 27-month contract was made with Hospital and Service Employees Union Local 399.
- A nursing management-training program was initiated.
- An aggressive accident-prevention program reduced the employee compensation loss ratio by 45 percent.
- In addition, the first issue of the employee magazine, *LifeLines*, was published, and open forums were organized to improve employee/management communication.

Ironically, the most persistent hurdles grew out of the Medical Center's novel design that had promised to radically streamline operations. Whereas other medical facilities were organized by hospital activities, each floor in the new Medical Center was virtually self-contained, complete with separate surgeries, ancillary support areas, doctors and nurses lounges, therapeutic services, supply centers and distinct manpower and patient mix based on diagnostic classifications.[7]

In theory, this arrangement eliminated the need to move patients vertically, and created an interdependent floor staff that would function more efficiently to provide highly focused, consistent patient care. In practice, however, duplicating administrative support services on each floor proved too expensive. As a result, a decision was made to recentralize certain key functions such as admissions and medical records, and to scale back some decentralized ones such as the individual satellite pharmacies. Yet, other innovations, including the original food service and the automated cart transportation systems, remained untouched.

Throughout the 1980s, the spirit of pro-competitive health care reform seemed to take on a life of its own.

Then there was the human equation to sort out. Predictably, the historic antagonisms that divided Cedars-Sinai's now-unified medical staff also made for a less-than-smooth transition. More often than not, passionate affiliations fade slowly; smoldering resentments and rivalries, sometimes never.

At first, it was not uncommon for physicians to identify themselves as either a Sinai doctor or a Cedars doctor. To bridge the gap and improve communications between the attending medical staff, chief of staff, other officers and management, weekly meetings and administrative rounds were initiated. Still, turf battles and personality clashes persisted.

Recalling the time, Dr. Joseph Kaplan, chief of staff from 1977 to 1978, explained, "Many of the Cedars' doctors were older and felt they should be able to exercise the same prerogatives as they had

The number of critically ill infants cared for in the Neonatal Intensive Care Unit has increased 40 percent since Cedars-Sinai opened in 1976.

Religious Life at Cedars-Sinai

As much as Cedars-Sinai has grown and changed, reflecting its increasingly diverse community, it is still deeply rooted in its Jewish heritage and traditions. This includes standing-room-only Rosh Hashanah and Yom Kippur services, which are broadcast to patient rooms via closed-circuit television; the building of a sukkah each year on the Plaza Level in observance of Sukkot; celebration of Purim; an annual Yom Hashoah lecture; and daily Mincha services. In addition, the pamphlet *And Be a Blessing*, exerpted from Rainer Maria Rilke's *Letters to a Young Poet* and edited by Rabbi Meier, offers thoughts on nature, health, love and other physical and spiritual subjects to comfort and inspire patients and caregivers alike.

(above left) Celebration of Purim

(lower left) Rabbi Levi Meier, PhD, is joined in Cedars-Sinai's symbolic sukkah by Soussan Semerciyan, (left) the sukkah decorator and manager of Ancillary Services, Facilities Management, and Vice President for Clinical Support Services Vita Gray.

Thanks to the volunteers
of Cedars-Sinai Medical Center
for giving so much every day.
Providing daily doses of kindness. That's what the volunteers of Cedars-Sinai are all about. From delivering flowers, to giving directions, to talking with families, our gracious volunteers are completely dedicated to the needs of every Cedars-Sinai patient. We'd like to thank these selfless people for their vital contributions to our world class Medical Center. And for making a difference in the lives of so many.
If you'd like the chance to lend your heart to others, please call Cedars-Sinai Medical Center today to learn about our many volunteer opportunities.
CEDARS-SINAI MEDICAL CENTER.
1-310-423-5231
National Volunteer Week

Just as the community has depended on Cedars-Sinai for the past century, so too has the Medical Center relied on its cadre of devoted volunteers to deliver daily doses of kindness. As part of the Cedars-Sinai family, volunteers, working 489 different assignments, donated almost 200,000 hours of their time during 2001 alone. The vital contributions of these selfless individuals makes a world of difference in the lives of so many patients.

before – blocked booking in the surgeries or proprietary use of instruments, for example. What took some getting used to was that in the new facility, there was no favoritism and things were scheduled when a physician called and when the rooms were available. There was also friction around seniority and who would be in charge. So we alternated. The first chief at the Medical Center was from Cedars and then I, being a Sinai man, followed him. But the differences between us gradually disappeared as the Medical Center filled up and we all became busy."[8]

While considerable time was spent bridge building and bettering staff relations, Cedars-Sinai began to pay more attention to its spiritual roots. Consistent with Cedars-Sinai's non-sectarian status, individual patients seeking individual spiritual counseling had always been provided access to Jewish, Protestant and Catholic clergy on an as-needed basis. But as patient requests grew, a permanent Chaplaincy was created within the Medical Center.

Unlikely as it may seem for a Jewish hospital, Father Vincent Martin, a Catholic priest, was the first to fill the full-time post. In subsequent years, Chaplains Father Joseph Arnold and Father Michael Wempe, and later parish priests from throughout the community, have filled this important role for Catholic patients. Their ongoing presence speaks to how much the cardinals of Los Angeles' Catholic Archdiocese value and respect the Medical Center's service to all patients – irrespective of their religious affiliations.

Rabbi Levi Meier became the second permanent cleric in 1978, the same year the Medical Center's Lillian Heltzer Memorial Chapel was dedicated.[9] Both milestones underscored the Medical Center's Judaic roots and dedication to the art and science of healing and the humanistic treatment of patients and staff.

According to Rabbi Meier, "This powerful idea starts in the Medical Center's Chapel, designed to occupy the very heart of the building. There, inscribed on the Ark, are the words that God spoke to Abraham: 'And Be a Blessing' (Genesis 12:2). Anyone who walks into the Medical Center's Chapel is reminded of this universal message and the reason why we are all here."[10]

Shortly after Rabbi Meier's appointment, Cedars-Sinai hosted the first Jewish Patient Symposium ever held in the United States. More than 100 participants from other Jewish institutions nationwide engaged in lively discussions defining how Jewish-oriented services might be enhanced in a hospital setting. A modern kosher kitchen was also established at Cedars-Sinai, electric

Everyone at Cedars-Sinai embraced volunteerism – from the board of directors to administration to the rank and file employees.

Volunteer Services Director Aggie Garell (center) chats with volunteers Mina Brown (left) and Ada Strauss at a Volunteer Recogntion Week luncheon.

Sabbath candles were distributed to patients on request, and a special elevator that stops on every floor on the Sabbath and holidays became available.[11] In addition, a closed-circuit TV system, installed in patients' rooms, enables inpatients to view the Medical Center's clergy conducting observances on the Sabbath, High Holy Days, and Christmas or Easter.

As peripatetic as this settling-in period was, no one, least of all the Medical Center's immensely generous benefactors, lost sight of the necessity to continually enrich the institution's medical programs and services. For it was they who nurtured the establishment of many specialized areas of medical excellence. Some noteworthy but far from complete examples include: the Ruth L. and Lawrence A. Harvey Neurological Pavilion; the Richard Sax Pharmacy; Emanuel Borinstein Progressive Cardiac Care Center; the Louis M. and Birdie Halper Foundation Outpatient Pavilion; the Alfred Jay Firestein Diabetes Center, funded by the Firestein and Friedman families with the Max Factor Family Foundation; Louis and Doris Factor Cardiac Endowment; the Tarble Family Oncology Intensive Care Unit; and the Anna and Davis Factor Pulmonary Function Laboratory.

The community pledge to make Cedars-Sinai a world-class health care institution had also vitalized the 8,000-plus members of the Medical Center's 30 auxiliaries and affiliated organizations. Scores of annual events, such as Monty Hall's Big 5 Tennis Classic held at the Playboy Mansion, garnered hundreds of thousands of dollars for the Alfred Jay Firestein Diabetes Center. Just as committed were the Fashion Industries Guild and the Medical Staff in their ceaseless efforts to augment the Harvey S. Morse family's major gift for the Harvey S. Morse Education and Conference Center. Completed in 1983, the $1.3 million center represented the first new construction since the Medical Center's 1976 dedication ceremony.[12]

Approximately 250 enthusiastic volunteers from both Mt. Sinai and Cedars of Lebanon hospitals were also eager to join together and contribute their time and energy to the new Medical Center. The very embodiment of tzedakah, Cedars-Sinai's Volunteer Program created a rich opportunity for lay people of all ages, abilities and backgrounds to give something back to their community. According to Aggie Garell, director of Volunteer Services from 1976 to 1998, "Everyone at Cedars-Sinai has always embraced volunteerism – from the board of directors to administration to the rank and file employees. And they've shown their support by investing a great deal in special training so that volunteers feel secure in their level of knowledge and what is expected of them in their chosen area. For the Medical Center, the volunteers

Donor Art

The late Marcia Simon Weisman, founder of the Cedars-Sinai Advisory Council for the Arts, believed in the healing power of art, and based her philosophy on first-hand experience.

When her husband, Frederick, was a patient at Mount Sinai Hospital, she brought a painting from home to the hospital - they were renowned art collectors - and both saw how he benefited from having art in his room.

Subsequently, the Weismans were the driving force behind establishment of a Donor Art Program at the new Cedars-Sinai Medical Center. It was a program in which each work of art - whether a painting, sculpture, photograph, drawing, print or poster - would be donated. Also, the program would be self-sustaining through contributions, fund-raising activities and sales of donated art.

Years later, with more than 8,000 works of art on display, the healing power of art can be experienced throughout the Medical Center.

Marcia Simon Weisman watches as artist Andy Warhol signs one of his posters for donation to the Medical Center.

have become an important resource that we trust and depend on."[13]

At first, the volunteers were assigned only to the clinic, gift shop, blood donor facility and the Third Floor. But, gradually, as different areas initiated requests, demand for volunteers grew and their good cheer and compassion would ultimately be shared in more than 300 service sites throughout the medical campus.[14]

What was accomplished between the years of 1976 and 1979 was far more than the preliminary steps towards unifying the two hospitals into one entity. Hundreds of operational problems were ironed out. The board crafted an effective financial package to meet the creditors needs and pay vendors, and Cedars-Sinai was able to regain and exceed its former financial strength. Perhaps most profoundly, the Medical Center had taken a quantum leap in terms of its scale and organization, and was on its way to becoming one of the finest tertiary care hospitals in the world.

Propelling the institution toward this goal was the formidable talent and skill of Cedars-Sinai Medical Center's leadership, 1,700-plus attending medical staff, and nearly 6,000 employees, including full-time physicians, residents, clinical and research fellows and nurses. To appreciate how far Cedars-Sinai had come, one need only be reminded of how the journey had begun, some 80 years before, in a clapboard Victorian house overlooking downtown Los Angeles, with a part-time staff of five and 12 beds.[15]

Rewriting the Rules

On the broadest level, the practice of medicine and the role of hospitals began to undergo major changes in the 1980s. Advancing medical technologies and biomedical research substantially reduced the number of invasive medical procedures performed by doctors. They also stimulated the use of ambulatory health centers that trimmed down or eliminated hospital stays altogether. Hospital beds, once at a premium, stood empty across the country. Who had access to health insurance and how reimbursements were handled, changed as well.

Disturbingly, the ranks of the uninsured began to swell. This was because, in part, more employers, if they offered health benefits at all, began to scrap conventional, unrestricted fee-for-service plans. These were replaced with lower-priced contracts that reduced an individual's choice of physicians and restricted physicians' choice of treatment.[16]

The interplay of these factors left most health care providers confronting more competition for fewer insured patients at lower, negotiated fees – all greatly impacting medical and hospital revenues.

Although the brunt of these developments wouldn't be felt at the Medical Center for some years to come, the 1980 Triad Conference served to spotlight the discussion on these eventualities. Cedars-Sinai President Ted Cummings (1981) urged the leadership to consider long-term strategies such as:

- diversifying the Medical Center's economic base to offset declining patient income;
- initiating cost-containment policies to become more competitive with other hospitals;
- preparing for more HMO subscribers; and
- assessing the financial risks associated with Diagnostic Related Groups (DRGs), a new form of Medicare reimbursement that fixed charges per diagnosis rather than per day and per service.[17]

Counteracting the nationwide decline in patient census that had resulted from new regulations imposed on many government and third-party payor reimbursements required multiple approaches. Because no one could foresee the revolution that was to come in health care, conventional wisdom cautioned that no institution could simply rest on its laurels and that laying the groundwork for the future was the best way of getting there.

President Cummings also believed "... that the key to the Medical Center's continued growth as the finest health care facility of its time will be dependent on a knowledgeable, informed, participative board, able to deal with the recommendations of management in these areas and enact appropriate policies and long-range planning strategies..."[18]. How prophetic these words would become.

Gift Shop

On April 3, 1976, when the doors of Cedars-Sinai were first opened to patients, the Helping Hand Gift Shop on the Plaza Level of the Medical Center was also open, stocked and staffed for business.

The new shop represented many years of planning and effort by the members of the Helping Hand of Los Angeles. Previously, the group had operated shops at three locations: in the main lobby and the Maternity Pavilion at Cedars of Lebanon, and the Boutique Unique in the main lobby of Mount Sinai.

In 1942, Helping Hand had been the first organization to open a hospital gift shop in Los Angeles. Since then, the group has pioneered development of community-wide markets for its diversified merchandise. All funds raised through the gift shop go directly to Cedars-Sinai in support of Obstetrics and Gynecology, Maternal-Fetal Medicine, Gynecologic Oncology and the Gilda Radner Ovarian Cancer Detection Program.

Cutting the ribbon to officially open the renovated Helping Hand Gift Shop in 1991 are (front, from left) Gift Shop Fiscal Management Volunteer Marilyn Matlin, Cedars-Sinai Board of Directors Chairman Joseph N. Mitchell, and Helping Hand President Virginia Glasband. With them are (back, from left) Board of Directors Vice Chairman Irving Feintech, Shop Operations Volunteer Ora Adams, Window Display Volunteer Harriet Rice and Cedars-Sinai President Sheldon S. King.

Paul Yaeger, who joined Cedars-Sinai in 1967 and served as vice president of Planning and Business Development from the mid-1970s to 1995, observed, "Early on, Cedars-Sinai's leadership recognized that planning is a continuous process and a part of the ongoing life of the corporation. In fact, the Medical Center was one of the few hospitals at the time to have a formal long-range planning function, staffed by a degreed professional to guide the process. The board's long-range planning committee was very popular, probably because it was a unique opportunity to be a part of something taking form and see it through to completion."[19]

Cedars-Sinai's leadership began exploring a wide range of options. One avenue was to diversify the Medical Center's economic base by setting up or acquiring medical for-profit businesses such as home health agencies, skilled nursing facilities, rehabilitation centers, ambulatory care facilities, and non-medical ones, such as shopping centers. But after studied consideration and months of discussion, none of these opportunities seemed worth the risk.

According to Joseph Luevanos, former senior vice president for Finance and chief financial officer from 1979 to 1997, "The rationale for not pursuing these financial strategies was the fact that there hadn't been enough time to evaluate whether these options really worked or not. In hindsight, most of the hospitals that got into these kinds of activities in a big way, would probably say it wasn't the right thing to do. What made more sense for Cedars-Sinai and what the leadership agreed to do was to expand medical services."[20]

This direction proved extremely fruitful. Given the Medical Center's immense pool of medical talent, developing high-quality specialized health services to attract the broadest base of health care consumers was eminently possible. Multidisciplinary task forces were set up to explore and evaluate the feasibility of launching specific programs and services as breakthrough treatment modalities became available. Some of these were the Cardiology Division's rehabilitation program, the Reproductive Center's services offering in vitro fertilization, and the Comprehensive Cancer Center's rapid diagnosis and around-the-clock treatment options. Programs in alcohol and substance abuse, pain control, weight control and nutrition were also among the many that offered hope and concrete results to hundreds of patients.

With so much happening, a question arose as to how to heighten general awareness of Cedars-Sinai premier services. Other hospitals were just beginning to experiment with marketing their services to the public, so why not Cedars-Sinai? Many board members and Medical Staff considered the mere mention of the word "marketing" anathema. But the majority of the decision-makers realized that times were changing and Cedars-Sinai had to change with them.

When Cedars-Sinai was designated a Level One Trauma Center, complete with emergency heliport, in 1984, the press was on hand to cover the event.

Soon thereafter, getting the word out became the full-time job of the newly formed Public Relations Department. Ron Wise, vice president, and later senior vice president for the department from 1984 to 1998, explained his original mandate: "Back then, Cedars-Sinai was best known as 'the hospital to the stars.' But we had a lot more going for us that was being overlooked – scientific research, the extraordinary level of patient care, a world-class medical staff and extensive community service. What the Medical Center needed and deserved was a more balanced reputation. To achieve this, we set out to create an ideal environment for medical reporters to interview our doctors and showcase our many strengths."[21]

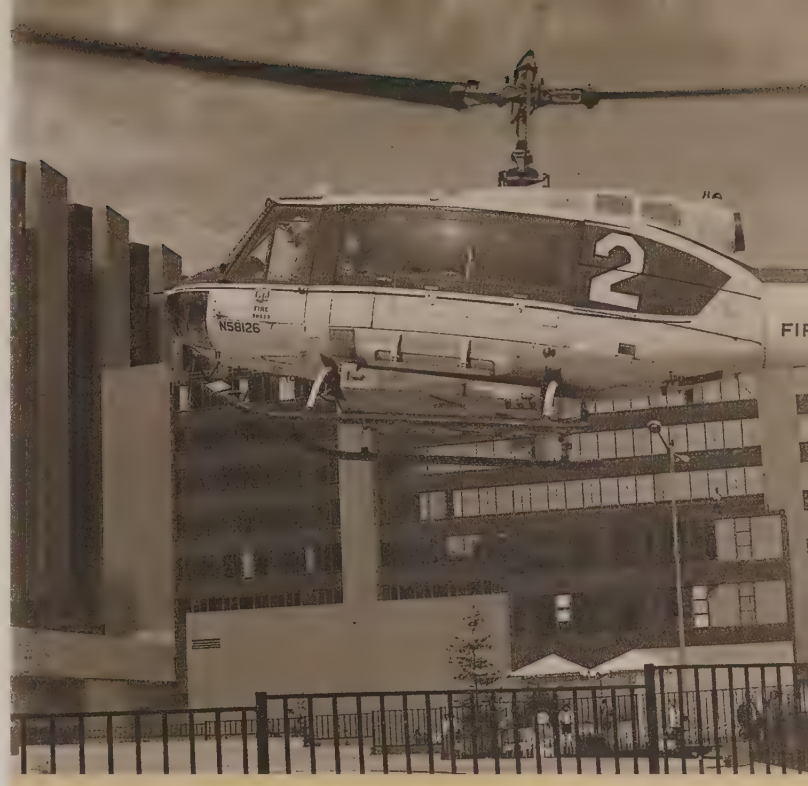
Story by story, Cedars-Sinai became a frequently mentioned resource in local and national print, and broadcast news coverage.

When Cedars-Sinai was designated a Level One Trauma Center, complete with emergency heliport, in 1984, the press was on hand to cover the event. When cutting-edge treatments or innovative programs became available through the Eleanor and Arthur Ellis Eye Center (1984), the Same-Day Outpatient Surgery Center (1984), or the Women's Guild Hospice Unit (1985), health care consumers knew about it. When Cedars-Sinai joined with the Jet Propulsion Lab and NASA to pioneer the excimer laser, the story ran as a major feature in the New York Times and aired on ABC-TV, on Ted Koppel's *Nightline*.

Over this period, hundreds of TV and print medical features educated the local and national communities about Cedars-Sinai's contributions to medicine. At the same time, the institution received millions of dollars worth of free publicity. Soon it became clear that Cedars-Sinai had one of the most successful hospital-based public relations operations in the country. That fact was corroborated a few years later by the National Research Corporation's public opinion poll that ranked Cedars-Sinai as the number one hospital in the region in the seven major categories surveyed.

In addition to the emphasis on marketing medical services, actions were also taken to exercise tighter control over operations and to transition to a productivity-based budget congruent with the Medical Center's mission statement, corporate goals and objectives. A Management by Objectives System (MBOS) was introduced that quantified and monitored each department's annual objectives and resources. Then, the sum of this data was used to plan the Medical Center's annual budget. Around the same time, a more robust senior administrative structure was developed to "increase visibility, accountability and response time, particularly with regard to physician concerns."[22]

One focal point was the newly formed Joint Effort Committee (JEC), composed of roughly 15 representatives from the board, management and physicians from the Medical Executive Committee, as well as members of the rank and file who didn't necessarily share the same points of view. The JEC attempted to promote a dialog and forge a level of trust between these often-wary constituents as it worked through highly sensitive issues, such as the respective roles of the hospital and physicians in relation to contracts with third-party payers.



1984
Helipad

Several hundred people attended the Cedars-Sinai heliport dedication ceremony, May 30, 1984. The new facility, located on the southeast corner of Beverly and San Vicente boulevards, was the final requirement in designation of the Medical Center as a Los Angeles County Level One Trauma Center.

The morning program was preceded by a Los Angeles Fire Department helicopter demonstration of delivery of a critically ill patient to Cedars-Sinai, and subsequent action by the trauma team in rushing the patient to the Emergency Room and starting life-saving treatment.

As a Level One Trauma Center, Cedars-Sinai provides 24-hour emergency and trauma care, and serves as a base for multiple paramedic units. The Medical Center also is the county's busiest privately based trauma center, serving an area with a population of three-quarters of a million people.

Charlotte and Davre Davidson, who helped to establish the Endowed Chair Program

Milton Tyre, former chairperson of the Joint Effort Committee, commented, "Although it was too early to field the impact of HMOs and preferred provider organizations, we knew that ultimately there were going to be contracts between providers and health plans, either directly with plans or through insurance carriers or both. We also knew that the only way we could survive in that process was to have a sound relationship between the three legs of the hospital – the board, the management and the physicians.

"Because antitrust laws prohibit physicians and hospitals from joining together to fix a price on our respective services," he added, "the JEC functioned as a forum where each party was aware of what the other was negotiating, so that, as much as possible, every physician could make his or her own decision about how to react next. The JEC and its participants changed over time, but its original purpose endured: to have a medium in which we could all work together to create mutual trust toward a common goal."[23]

Over this period, the Medical Center entered into a series of mutually beneficial alliances with large prepayment plans. This led to agreements to provide services at discounted rates with Blue Cross, Blue Shield, Ross-Loos and others. As these arrangements proliferated and steadily chipped away at the traditional fee-for-service revenue base, transforming not only the economics but also the delivery of medicine, discord between the parties escalated. Physician groups splintered as the participating sides dug in their heels.

The advocates for the different groups negotiated contingencies and hypotheticals ad infinitum, leading to more divisiveness and endless rounds of negotiations, the unraveling of which would be too detailed and diverting to document here.

Nevertheless, the long and often dyspeptic process culminated over a decade later with the formation of the Cedars-Sinai Medical Care Foundation, an operational branch of the Medical Center that acquires and manages medical groups and individual physician practices dedicated to primary care. While these discussions were under way in the early 1980s, there was a highly publicized but considerably less protracted set of

negotiations involving Cedars-Sinai and the renewal of its Medi-Cal contract. At issue were two newly initiated Medi-Cal requirements: (1) a mandatory "open" medical staff policy and (2) a single-service rate. Neither of the terms, from Cedars-Sinai's perspective, was acceptable.

With respect to the first requirement, the board argued, to forfeit control over the size and selection of the attending physicians might jeopardize the quality of care for all patients. As for the second, the single-rate reimbursements proposed were within the bounds of consideration except for two or three of the Medical Center's most expensive services, such as neonatal intensive care.

Regrettably, negotiations broke down and when Cedars-Sinai found it impossible to comply, the unintended victims in this disagreement were a segment of the very patients the Medical Center had sought to protect. An outcry rose from some Jewish leaders representing Soviet émigrés, charging that Cedars-Sinai was set to abandon its promise to serve the most needy in the community. But, according to the Medical Center's leadership, this was not the case and they redoubled their efforts to find a viable solution.

At last, the one that satisfied all concerned parties involved Cedars-Sinai subcontracting services through UCLA's Health Services Center. This arrangement enabled the Medical Center to protect its standards, stand by its principles and treat the emigrés and other Medi-Cal patients, all without losing substantial revenues. Later, when the stipulation in question was finally rescinded, Cedars-Sinai and Medi-Cal renewed their working relationship.[24]

These and other kinds of uncertainties in the health care environment made it increasingly clear that preserving and surpassing Cedars-Sinai's standards of excellence would require extraordinary measures – not just in terms of standing up for quality when necessary, but also through generating alternative sources of revenue.

Robert Spencer, chairman of the board from 1981 to 1986, explained, "Early in my chairmanship, I realized that Cedars-Sinai had no real financial base beyond great community support and a good annual income. So I proposed that we start an endowment fund in 1983 and I remember one board member saying to me, 'Are you crazy? You can only raise money for bricks and mortar!' But that didn't stop us. To start, we picked a figure right out of the air – $50 million."[25] By 1986, this goal was officially reset at $90 million and by the end of the decade, the fund had grown to $110 million.

Meanwhile, in 1984, an affiliate of Cedars-Sinai, Helping Hand of Los Angeles, which raises funds through its Helping Hand Gift Shop at the Medical Center, established the Miriam Jacobs Chair in Maternal-Fetal Medicine for the Department of Obstetrics and Gynecology. This, the first endowed chair at Cedars-Sinai, is held by Calvin Hobel, MD.

The Endowed Chair program's purpose was, and still is, to recruit world-renowned physicians and scientists, who carry out and oversee medical research in their specific field for each department.

The event inspired Davre and Charlotte Davidson to become a driving force behind the effort to establish a Cedars-Sinai Endowed Chair Program. The program's purpose was, and still is, to recruit world-renowned physicians and scientists, who carry out and oversee medical research in their specific field for each department. Upon retirement, another individual of equal stature is named chairholder. Through this process, the medical contributions of generations of outstanding physicians accrue in perpetuity.

In 1988, the Davidsons donated a symbolic chair to Cedars-Sinai to bring attention to the ongoing efforts to establish an Endowed Chair Program. This unique chair can be viewed on the Plaza Level of the Medical Center. The following year, the program took off with the dedication of the Burns & Allen Chair in Cardiology, held by James

1983
Harvey S. Morse Conference Center

On Nov. 1, 1981, a groundbreaking ceremony was held for construction of the $1.3 million, 11,000-square-foot Harvey S. Morse Conference Center. The Morse family provided primary funding, which was augmented by the Fashion Industries Guild and the Cedars-Sinai Medical Staff. The building, which was the first new construction at Cedars-Sinai since completion of the main building of the Medical Center in 1976, was dedicated on Jan. 23, 1983.

Forrester, MD. At this writing, there are 27 endowed chairs, and each bears the name of the benefactor(s) (see page 180). Few other voluntary medical institutions have been so farsighted as to be able to create such successful strategies for survival.

More Than a 10-Year Anniversary

By the time Cedars-Sinai Medical Center marked its first decade in its new location, more than one million inpatients and outpatients had been served. It had also bounced back from a point of significant loss and no working capital to making a "profit" and achieving an adequate cash position.[26]

Expansion projects were in full swing, evidenced by $30 million earmarked in the 1986 budget for capital expenditures. One example was the purchase of an 11-story medical office building that covers nearly one city block at 444 S. San Vicente Blvd. Another was a groundbreaking for construction of the Fashion Industries Guild Florence and "Duke" Becker Building. This facility, located on the northeast corner of the Plaza Level, would offer space for offices and the launching of a Biliary Disease Center, a Cardiovascular Institute and a Bone Center.[27]

More new services were also added, among them, the Physician Referral Service, Regional Arrhythmia Center and Autologous Blood Program. State-of-the-art technologies were purchased and installed. These included a brand new Magnetic Resonance Imaging Unit (MRI) and one of only two Medstone lithotriptors in use in the United States at the time. Introduced soon thereafter were the Patient Controlled Analgesia device and an Argon Dye laser for the treatment of malignant tumors.

Although acquisition and construction of the newest equipment and facilities were good indications that Cedars-Sinai was financially healthy, there were equally compelling reasons to proceed cautiously, not the least of which were shrinking revenues and projections of further reductions. While it was true that the annual total number of admissions to Cedars-Sinai had increased, the average occupancy rate had declined to 71.3 percent in 1986.[28] So had the average length of stay. In addition, the dominant users of the system were slowly becoming HMO and PPO subscribers who received discounted service rates and Medicare patients whose declining reimbursement rates promised to slice some $12 million annually from the Medical Center's revenues.[29,30]

For these reasons, managing the Medical Center's premier resources in an environment of increasing scarcity became a dominant theme in the last years of the 1980s. Yet, throughout this period, Cedars-Sinai's commitment to providing unsurpassed care to all its patients, no matter how complex or serious their conditions, was unyielding.

Tougher competition encouraged Cedars-Sinai to tighten its belt by expanding and revising product lines and programmatic developments, and improving consumer and physician relations simultaneously. These policy objectives, executed by each department, were demonstrated in hundreds of ways.

On the operations side, for instance, employees continued to find diverse ways to work more efficiently and enhance overall service. In 1987 alone, cost-cutting measures were implemented hospitalwide.[31]

"During my tenure as chief, we started to move from a traditional quality assurance model, which simply tries to weed out the bad apples, to a total quality management approach. Total quality means that the emphasis is placed on improving everyone's performance across the board – from the best to the worst. Physicians are rugged individualists and many of them resented this oversight. But the logic was: If you can improve everyone's performance, then quality is raised throughout the system."[32]

Community service efforts were also carefully crafted to focus more tightly on outreach and education. Free health screenings, call-in services such as Thalians' Early Childhood Center's Warm Line, and an ongoing information series that dealt with everything from earthquakes to arthritis helped raise the public's health consciousness.

If you can improve everyone's performance, quality is raised throughout the system.

Some examples include a Pre-Admissions Review Program to reduce the number of inappropriate admissions, and an ingenious innovation introduced by the Plant Operations Management Department that generated steam from incinerated trash by burning materials for the Drug Enforcement Agency. Even more savings were realized through the Food and Nutrition Services' Super Service Convenience Store concept and self-service stations in the cafeteria.

Other economies were introduced into areas of practice that were formerly the exclusive domain of the physicians. For example, without degrading the quality of patient care, physician assistants were introduced into cardiac surgery. Nurse practitioners and midwives were employed in Obstetrics and Neonatology. And certain areas of patient management were shifted to trained professionals who were highly qualified, but more cost effective than physicians. In tandem with these changes came tighter credentialing and privileging policies for doctors, all part of an attempt to trim expenses by identifying over- and under-utilizers of expensive medical resources.

Dr. Barry E. Rosenbloom, chief of staff from 1989 to 1990, stated,

Instructional programs such as "AIDS: An Epidemic of Fear," prenatal classes for couples and support groups for the caregivers of those suffering from dementia disseminated much-needed information on a broad range of subjects. And spotlight events, such as "An Affair of the Heart," an unprecedented reunion of Cedars-Sinai's cardiac surgical patients, shone attention on the life-saving benefits of advanced medical research.

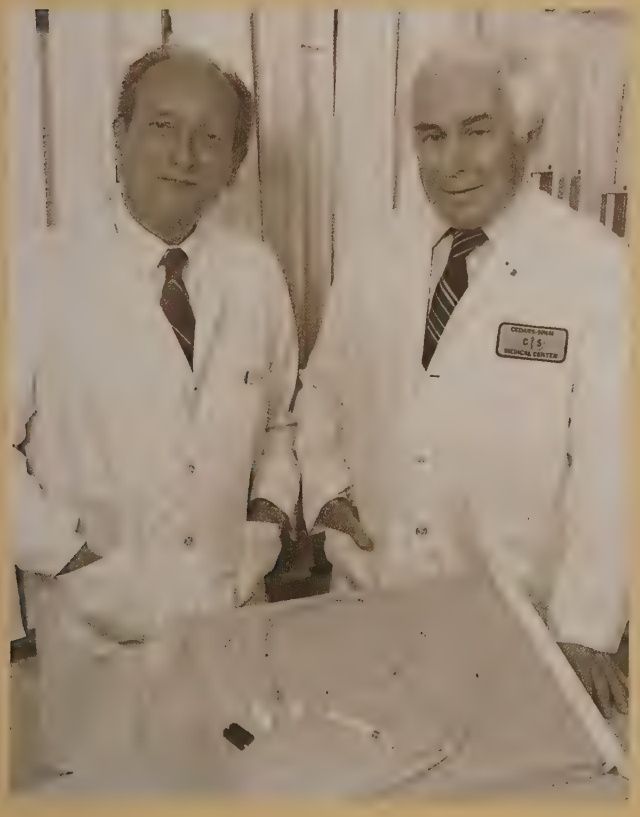
Consistent with its long tradition of providing free or part-pay care to the less fortunate, Cedars-Sinai continued to work with the Jewish Federation Councils and the United Way. During this period, the two organizations subsidized more than $1.2 million a year in medical attention for the needy and aged, primarily through the Ambulatory Care Center.[33]

Still, demand for these services grew as Los Angeles' population climbed to six million and economic conditions for many deteriorated. Social agencies could do only so much: How much they could contribute annually was subject to government cutbacks and shifting public support. Nevertheless, the Medical Center provided the

Research

Biomedical Research at Cedars-Sinai Medical Center

Cedars-Sinai ranks among the top 12 non-university hospitals in the nation for its biomedical research activities. Through the years, Medical Center scientists and physician-scientists have been responsible for many groundbreaking research discoveries and the development of procedures and technologies that have benefited humanity worldwide. Of the many major biomedical research advances, Cedars-Sinai scientists and physician-scientists can be credited with the following:



The Swan-Ganz catheter, shown here, was developed by H.J.C. Swan, MD, PhD (right) and William Ganz, MD, to monitor the condition of cardiac patients. It is used worldwide.

- Developed the pulmonary artery balloon catheter to monitor the condition of cardiac patients at bedside. This device is used worldwide to save the lives of thousands of people annually.
- Was the first to use excimer laser light for clearing blocked coronary arteries.
- Discovered that the ocular herpes simplex virus was not dormant during the latent periods of its infectious activity, thus leading to methods for prevention and eradication of eye infection.
- Collaborated with DuPont in developing a new radioactive isotope, a diagnostic tool that has revolutionized the detection of heart disease.
- Developed angioscopy, which allowed physicians to visualize the surface of the coronary artery at the time of the patient's symptoms.
- Pioneered the use of diastolic retroperfusion, a technique used during angioplasty to prevent damage to the hearts of high-risk patients.
- Unraveled fundamental mechanisms for hormone actions on body tissues.
- Developed thrombolysis, the method now used worldwide for the treatment of heart attack.
- Launched a study of a mutant gene that holds the promise of preventing and treating coronary artery disease, and possibly reversing it, as well.
- Developed and used an artificial liver to help save the lives of patients awaiting transplants.
- Discovered several new oncogenes implicated in the causation and progression of multiple cancer types.
- Applied novel technology for drug delivery and vaccine development for brain tumors.
- Developed novel therapies for inflammatory bowel diseases.
- Applied genetic techniques to unravel the causes of congenital heart disease, diabetes, lipid disorders and inflammatory bowel disease.
- Developed computerized algorithms used worldwide for display and analysis of cardiac radionuclide images.
- Developed evidence-based medical outcomes systems used nationwide.
- Developed novel gene mapping technology used in the human genome project.

1988

Fashion Industries Guild Florence and "Duke" Becker Building

In 1987, the Fashion Industries Guild pledged $2.3 million for construction of a two-story, 16,000-square-foot facility on the northeast end of the Plaza Level of the Medical Center. The building, designed as a mirror image of the Harvey S. Morse Conference Center, would house full-time physician offices and be named in honor of FIG founders Florence and "Duke" Becker and the Fashion Industries Guild. A ground-breaking ceremony was held April 28, 1987, and the building was dedicated Sept. 25, 1988 (pictured above).

necessary care, deficits and losses notwithstanding.

Also unpredictable was funding for public health services, a fact demonstrated quite dramatically by the collapse of Los Angeles County's Trauma System in 1987. While several key Level I Trauma Centers in Cedars-Sinai's catchment area closed their doors, Cedars-Sinai's Emergency Medical Services stood by its long-standing policy of never turning anyone away. Had Cedars-Sinai quit, too, it is likely that the entire system might have crumbled and the Medical Center felt it owed more to the community than that.

With few other places to go, trauma patients poured into Cedars-Sinai's emergency room – nearly twice the number than had been admitted the previous year. Because these types of cases generally expend the most expensive services a hospital has to offer – extensive surgeries, intensive care, teams of medical specialists – taking up the slack pushed resources to the breaking point. Never an institution to shirk its responsibility to the community, the Medical Center continued to provide trauma care.

Clearly, maintaining emergency services was a tangible contribution to the well being of the larger community. But could the same rationale be made for continued support of the Medical Center's expensive teaching and research component? Or, as some argued, were these activities becoming too much of a financial drain?

The federal government had trimmed capital-cost reimbursements, substantially reducing payment for graduate medical education, and was threatening to ratchet down payment of its share even further. One alternative was for Cedars-Sinai to cut programs. But for as many times as the leadership was compelled to debate the issue, the board decisively fortified educational programs. In 1988, for example, in cooperation with the UCLA School of Medicine and other medical schools throughout the country, Cedars-Sinai's clinical programs trained more than 400 medical students, 251 of whom were either Cedars-Sinai Medical Center residents or fellows.[34] Thirty-five weekly educational programs in 29 specialties reached more than 2,000 staff physicians and doctors in the community, region and nation during that one year alone. And 1,200 nurses had access to an extensive curricula related to training, staff development, affiliation and staff matriculation – all sponsored by the Medical Center.

Advancing the Future of Medicine

If there were one sentence that summed up the guiding philosophy driving the creation and enhancement of Cedars-Sinai Medical Center, it would be Steve Broidy's. "We don't have to be exactly the best," he is said to have joked, "but we don't want anyone to be better!"[35] To do everything the way it should be done – be a premier health care provider, utilize only state-of-the-art equipment, contribute community service and support, cutting-edge teaching and research programs. Anything less would be an embarrassment.

But as the 1980s unfolded, these aspirations totaled a very tall order for any institution, even Cedars-Sinai. The Medical Center had continued to fulfill its promises through a strategy of measured risk-taking that had attempted to factor the capricious changes taking place in health care nationwide into the larger task of leveraging Cedars-Sinai's tremendous medical potential.

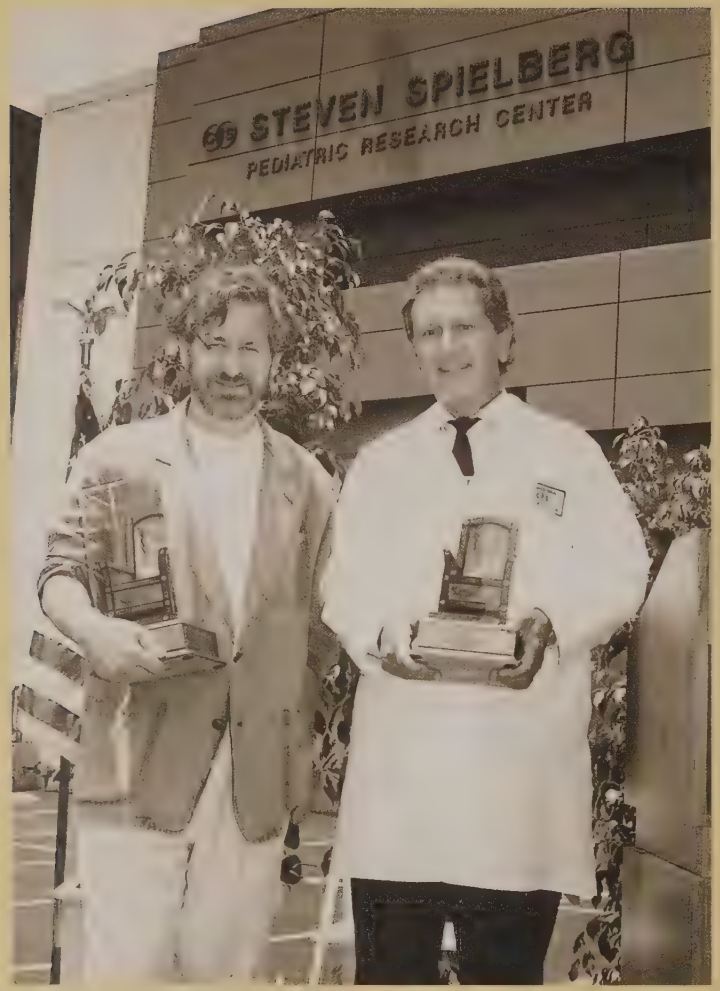
Nowhere was this effort more evident than in the area of research. In 10 short years, Cedars-Sinai's research budget increased fourfold, from $3 million to $12 million, and its clinical and biomedical programs were ranked in the top 20 in the nation. In 1989 alone, the number of ongoing investigations numbered 125, involving 162 principal investigators and 300 support staff whose published papers appeared in more than 400 medical journals.

The scope of these investigations spanned organ transplantation, laser applications and surgery, birth defects, nephrology, membrane biology and infectious diseases, as well as specific questions concerning autoimmune disease, eye disease, infertility, Down syndrome and pediatric growth disorders, dementia, diabetes treatment and detection, computer-aided diagnosis, imaging modalities and human gene-mapping. Other projects scheduled to begin delved into were aspects of bone/mineral research, molecular cardiology, rheumatology, pediatric gastroenterology and neonatology.[36]

One example of the Medical Center's sustained commitment to research is in the area of cardiology, beginning with Dr. Myron Prinzmetal's contributions in the late 1930s. Some 50 years later, the

1990
Mark Goodson Building

In 1985, Mark Goodson established the Mark Goodson Foundation with a gift of $2.75 million, administered under the auspices of Cedars-Sinai. Goodson's philanthropy on behalf of the Medical Center increased to $6 million and, on April 22, 1990, the 11-story medical building at 444 So. San Vicente Blvd. was renamed the Mark Goodson Building and dedicated in his honor.



1990

Steven Spielberg Pediatric Research Center

In March 1989, Steven Spielberg contributed $5 million in support of the Cedars-Sinai Pediatric Research Program. On June 21, 1990, a three-story building at 8723 Alden Dr. was renamed and dedicated in his honor as the Steven Spielberg Pediatric Research Center. Cedars-Sinai also established The Steven Spielberg Family Chair in Pediatrics, which is held by David Rimoin, MD, PhD, chairman, Pediatrics, and director, Sports Spectatular Endowed Medical Genetics-Birth Defects Center.

Medical Center's accomplishments in this field were especially prodigious. In 1981, Drs. William Ganz, H.J.C. Swan and their investigative team developed a new technique and device, the Swan-Ganz Catheter, for dissolving clots in coronary arteries supplying blood to the heart. In the same year, Drs. Eliot Corday, Samuel Meerbaum and their team of 18 researchers devised two-dimensional echocardiography, a noninvasive technology to assess cardiac damage at the bedside following a coronary attack.

Building on these and other outstanding innovations such as the Excimer Laser Coronary Angioplasty (ELCA), a technique pioneered at Cedars-Sinai, the Cardiology Program continued to garner prestigious multimillion-dollar grants from the National Institutes of Health's Heart, Lung and Blood Institute. By the end of the decade, Cardiology was completing the last year of a five-year, $7 million award and was about to begin an eight-year, $4 million study of cholesterol and bypass surgery.

In keeping with its long tradition of staying in the forefront of medicine, Cedars-Sinai also opened the architecturally renowned Cedars-Sinai Comprehensive Cancer Center (CSCCC) in January 1988. A collaboration between Cedars-Sinai Medical Center and Salick Health Care, Inc., the Cedars-Sinai Comprehensive Cancer Center was designed to maximize patient convenience and to offer access to highly compassionate, multidisciplinary teams to ensure optimal and individualized treatment plans.

A leader in cancer care from its inception in 1983, CSCCC was, and still is, the only center in Southern California to offer comprehensive cancer services in an outpatient setting, 24 hours a day, seven days a week. Just as innovative, the center introduced many support programs. Along with exceptional medical and diagnostic therapies, these additional resources help patients and their families cope with the illness, the treatment and its side effects and assist in reducing emotional, physical and social stress.

Nineteen eighty-eight was also the year that Cedars-Sinai instituted the groundbreaking Lung Transplantation Center, the only facility of its kind in the west and one of the few in the United States. A year later, the Transplantation Services Department performed its first successful lung

The guiding philosophy driving the creation and enhancement of Cedars-Sinai Medical Center: To do everything the way it should be done — be a premier health care provider, utilize only state-of-the-art equipment, contribute community service and support, cutting-edge teaching and research programs. Anything less would be an embarrassment.

and liver transplants and a much-heralded quadruple transplantation in which the heart, lung, kidney and liver harvested from a single donor were transplanted to four separate recipients.

Looking to the 1990s and beyond, the Medical Center endeavored to maintain this medical and technological edge and extend its standard of excellence in patient care. In the closing years of the decade, Cedars-Sinai enlarged its campus by acquiring the former Ralph's Market property, three and a half acres located at Third Street and San Vicente Boulevard. This was followed by the 1988 opening of the Becker Building and the Rabwin Center in the Goodson Building, renamed for philanthropist Mark Goodson in 1990.

Among the many expansion projects under way were a sweeping renovation of the labor-delivery-recovery rooms for Obstetrics and Gynecology in the North Tower, the completion of a Sleep Disorders Center, and the opening of a 30-bed Skilled Nursing Assessment Center, both in the Schuman Building. Specialized treatment also became available at the new Bone Center, Swallowing Disorders Center, and AIDS and Immune Disorders Center. Thanks to a $5 million gift by Steven Spielberg, the Steven Spielberg Pediatric Research Program, housed in the former Administrative Services Building, was set to open.

In December 1989, members of the Cedars-Sinai's Board of Directors welcomed Sheldon King as the new president of the Medical Center (1989-1994) and convened to create a permanent summary of what had transpired during the previous year. There was as much to be proud of as there was to be concerned about. But from Board Chairman Ernest J. Friedman's (1986-1990) perspective, the prognosis was good.

In his 1989 welcoming speech to the board, he began, "Last year, we faced some tough decisions to maintain our financial viability. But we made them without compromising our level of patient care and services. We remained aggressive in our research and our commitment to remaining a leader in the health care industry. This year, we have reaped the benefits of those tough decisions and the future looks bright."[37]

Optimism not withstanding, the last decade of the 20th century would bring its own set of distinct struggles. The 1990s began with the number of uninsured Americans reaching epidemic proportions and medical costs soaring. Could the system ever be fixed? Never before had the health care environment been as uncertain and volatile. And never, in its nearly 100 years of history, had the Medical Center been faced with as transforming a force as managed care.

10

A Foundation for the 21st Century

1990 - 2002

Meeting the Universal Challenge

By the last decade of the 20th century, dazzling, ever-accelerating scientific advances expanded medical expectations from the promise of the antibiotic era to the seemingly limitless potential of the molecular age. Breakthroughs in life extension, reproductive technology, organ transplantation and genetic therapy, among other medical specialties, offered hope where none had been before.

Accompanying these medical miracles were troubling bio-ethical dilemmas with far-reaching social repercussions. Ironically, as the power of medicine to cure surged, the availability of affordable health care coverage for the average person waned. With the future of Medicare and public health programs cloudy, resources for the aging, poor and uninsured hung in the balance.

Under these highly politicized and complex conditions, difficult questions arose. Was everyone entitled to receive medical services? If so, who would foot the bill? Did society and doctors have an obligation to keep people alive at any cost? Or were expensive life-saving procedures reserved for the select few?

Put squarely before the health care industry was the task of finding a way to expand health care access more cost effectively, without, in the best scenario, compromising quality. But reconciling these goals seemed as impossible as the financial restructuring and delivery of health care seemed inevitable.

One solution was to establish a comprehensive federal health care program, a tack that was resoundingly rejected by the Republican Congress with the defeat of President Bill Clinton's 1994 1,342-page Health Security Bill. Although this legislation failed, the specter of federal control and impending reform lit the private sector fires. Insurance companies, health maintenance organizations, physicians, hospitals, drug companies and other interests scrambled to define the next set of alternatives.[1]

As the health care reform juggernaut lumbered forward, many for-profit solutions came under attack for putting managing costs ahead of patient care. Moreover, some commentators predicted that should these "bottom line" operations hold sway, fewer than 4,100 of the nation's then existing 6,800 hospitals and academic medical centers would survive in the same form by the year 2000.[2] Worse still, they warned that the time-honored patient-physician relationship would become a luxury of the past.

Regional, social, economic and demographic factors specific to Southern California only amplified the health care crisis. By the end of the 20th century, Los Angeles had truly become a multicultural city whose nearly 10 million inhabitants represented a rainbow of racial, ethnic and cultural identities.[3] Few metropolitan areas in the world were as diverse or transforming as rapidly.[4]

The Medical Center was about to reinvent itself as Cedars-Sinai Health System, a new organizational framework.

The uninsured, employed or not, comprised a third of all adults in Los Angeles County.[5] Even the employed with health coverage worried about the long-term viability of their health plans. With businesses spending an average of 26 percent of their net income on employee medical insurance, managed care's promise to contain costs became highly attractive.[6] No wonder that by the early 1990s, nearly one third of all Californians belonged to a health maintenance organization.[7]

These dynamics and others trends had a powerful hand in shaping Cedars-Sinai over the course of the decade. In the early 1990s, roughly half of Cedars-Sinai patients lived within a five-mile radius of the Medical Center and 78 percent lived less than 10 miles away.[8] A large proportion of these individuals was living in the adjacent Wilshire-Fairfax area, one of the highest concentrations of senior citizens in the city.

Serving this important and sizable population posed a unique challenge. With prospective changes in Medicare reimbursements, a higher percentage of disallowed procedures, and mountains more of paperwork, financial shortfalls seemed inevitable. As it was, during 1991,

Anne and Kirk Douglas (l-r), honorary co-chairs of the Campaign for the 21st Century, with their sons, Michael and Peter, during filming of a fund-raising audio-visual presentation on behalf of the campaign.

the Medical Center had provided approximately $34 million in non-reimbursable health care services – an exceptional commitment to Medicare, Medi-Cal and charity patients.[9]

Like hundreds of other medical institutions across the country grappling with these and other sweeping changes, Cedars-Sinai could no longer cling to the solutions of the past. The Medical Center was about to reinvent itself as Cedars-Sinai Health System, a new organizational framework that would harmonize its historical values and reputation for excellence with the deafening mandate for health care reform.

A Blueprint for Quality

For the leadership of Cedars-Sinai Medical Center, the 21st century effectively began as soon as the first committee meeting to draw up Cedars-Sinai Medical Center's Master Facility Plan (MFP) convened in 1990. Projections that an additional 1 million persons would be living in Southern California in the year 2000 almost guaranteed that the annual number of Cedars-Sinai's patients would increase dramatically.[10]

Designing a 20-year blueprint for the orderly development of the Medical Center had to take into account a list of formidable priorities. First, the plan needed to optimize short-term needs and insure long-term flexibility. It also needed to address ways to preserve the quality of patient care, expand managed care options and develop new services for a burgeoning senior population. Predicting what fast-changing technology would be indispensable, avoiding expensive duplication of capabilities in nearby facilities and nurturing Cedars-Sinai's talented and dedicated medical staff were critical considerations, as well.

Although proceeding with the Master Facility Plan before a firm strategic plan was in place had its opponents, Sheldon King, president of the Medical Center at the time, insisted, "We must move forward or we will die."[11] In keeping with these sentiments, the leadership began to shape a comprehensive approach, compatible with the existing structures on the campus and the surrounding community. Each decision involved details, obstacles, discussions, compromises, revisions and more details.

Sanford Weiss, a board member since 1965, recalled the laborious process. "The real problem related to planning is developing the ability to foresee the developments in medicine and linking these to the programmatic needs of the community and future facilities. Health care delivery and equipment is moving so fast that by the time you plan and then finish the construction on a project, it's almost obsolete. So we had to concentrate our efforts where we could be effective and have staying power."[12]

To solve this dilemma, a design strategy was devised that made it possible to implement, terminate or eliminate any independent component or phase without jeopardizing the effectiveness of those already operational or scheduled to be built. One aspect of architects Rochlin Baran & Balbona Inc.'s winning concept was to establish a "front door" to the Medical Center so that the campus would function as a unit rather than a collection of free standing buildings. Their design integrated pre-existing structures, some to be renovated, with future facilities, projected to add approximately 800,000 square feet to the campus.

Understandably, members of the surrounding community expressed concern that the Medical Center expansion would further impact their neighborhood. Issues related to noise, traffic congestion and parking topped their list. In response, several public forums involving the major stakeholders were convened to promote a productive dialogue. The Los Angeles City Planning Commission, the City Council and other governmental agencies initiated a review and permitting process, involving the preparation of an Environmental Impact Report and evaluations. After years of careful consideration, the City of Los Angeles approved the Master Facilities Plan in 1993.

Scrupulous reassessments over the next several years fine-tuned earlier versions of the MFP. In 1999, a final version was approved that carefully balanced the increasing trend toward outpatient services with upgrading inpatient facilities. All new construction was designed to accommodate changes in medical technology and treatment innovations so that whatever the community's future health needs may be, Cedars-Sinai will be equipped to meet them.

As the Medical Center entered the 21st century, some of the key components of the Master Facilities Plan were already operational; others were under construction or in the final programming, planning and design stages. In addition to lush landscaping, a user-friendly wayfinding program, ample parking to accommodate more than 7,000 cars, an integrated campus traffic circulation plan and street improvements to reduce congestion, the components combine to promote a "healing environment." They include:[13,14]

- **the Barbara and Marvin Davis Research Building,** dedicated on Sept. 13, 1992, home to the Burns and Allen Research Institute and more than 300 research scientists and staff.
- **the Research Pavilion,** completed in fall 2000, which expands the current Burns and Allen Research Institute and creates a total of 225,000 square feet. State-of-the-art laboratories accommodate extensive biomedical and cooperative medicine research studies in a variety of specialties, such as cardiovascular diseases, cancer, molecular medicine, genetics and neuroscience. The pavilion also provides teaching facilities.
- **the S. Mark Taper Imaging Center and Department,** completed in late 2002, houses MRI, CT scanning and PET scanning, as well as the innovative, ultra-fast calcium scan Cedars-Sinai Heart Watch™, the earliest way to detect heart disease. The facility consolidates all impatient and outpatient imaging services and is linked by new "filmless" digital technology, diagnostic flexibility, clarity, and systemwide connectivity.
- **the North Care Tower,** scheduled for completion in 2005, which will replace the earthquake damaged Schuman and Halper Buildings. It will accommodate more critically ill patients with 180 inpatient beds. Included in the plans are 84 intensive care unit beds, 36 monitored medical-surgical beds built to ICU standards, 60 monitored medical-surgical beds build to medical-surgical standards and an expansion of the Emergency Department and Comprehensive Cancer Center.
- **the Diagnostic and Treatment Center,** a potential future facility, which will consolidate Cedars-Sinai's outpatient care service lines and programs. It will also combine clinical laboratories. The Plaza Level outpatient support services will include an outpatient pharmacy, an outpatient education suite, the Integrated Women's Health suite, and expanded conference space.

Additionally, the Medical Center will undergo comprehensive infrastructure upgrades to support these new programs.

Research is a key component of Cedars-Sinai Health System's mission.

From the onset, the Board of Directors and Campaign leadership put their faith in the Cedars-Sinai family.

The Campaign for the 21st Century Phase II brings together some of the most talented individuals in Los Angeles to form the core of its team. At a 2002 kick-off meeting, Cabinet members and other key individuals donned special sports jackets as they geared up for more fund raising. From left: Mark Greenfield, Aaron Eshman, Paul Hackmeyer, MD, Marilyn Gilfenbain, Leslie Vermut, Jane Lipstone, Ben Winters, Board of Directors Chair Barbara Factor Bentley, Campaign for the 21st Century Co-Chairmen Robert Silverstein and Irving Feintech, and Campaign Vice Chair Lawrence Platt

The Campaign for the 21st Century

Ambitious building goals require ambitious fund raising. In the early 1990s, Phase I of the initial five-year fund-raising sights were set high, very high – at an unprecedented $140 million for facilities, research and education.[15] Later in the decade, when Phase II of the Campaign was implemented, that goal was revised upward to include $200 million for facilities construction and $160 million for research and education, bringing the total to $500 million.

At the helm of the Campaign for the 21st Century were Robert Silverstein, board of directors chairman from 1995 to 1998, and Irving Feintech, board of directors chairman from 1993 to 1995, who served singularly as Campaign chairman and together as co-chairmen over the decade. Before the first dollar was ever pledged, some wondered if Cedars-Sinai's outstanding contributing community would meet the challenge. From the onset, the board and the Campaign's leadership put their faith in the Cedars-Sinai family, spanning generations and built on a century of mutual respect, loyalty and service.

True to their hopes, the outpouring of community support was, and continues to be, remarkable. So much so that listing the many hundreds of individuals, families, foundations, and organizations that have opened their hearts would fill page after page. While only a fraction of these philanthropic gifts are mentioned below, each and every one advances Cedars-Sinai's continuing excellence.

All successful appeals rely on an ever-widening network of caring contributors, and this one was no exception. To begin, honorary co-chairs Anne and Kirk Douglas and 350 Cedars-Sinai "family members" attended a kick-off dinner at the Regent Beverly Wilshire Hotel in winter 1992. By the evening's end, the Campaign was already $40 million closer to its goal.[16] Momentum grew. Other enthusiastic business, philanthropic and community leaders signed on and lent their names, contacts and energy to the cause.

A Campaign Cabinet was convened with the objective of broadening the donor pool. First, there was the Major Gifts Committee to identify, cultivate and negotiate 20 to 25 campaign gifts ranging from $1 million and more for the life of the Campaign. In addition, four teams, comprised of 10 to 20 members each, were designated to scout and secure donations ranging from $100,000 to $1 million.[17] Planned giving was also identified as a potential source of raising substantial funds.

Participating in the May 2, 1995 groundbreaking ceremony for expansion and rennovation of the CSMC Department of Emergency Medicine, co-directed by Joel Geiderman, M.D. (left) and James Loftus, MD (right), are Mary Hart, honorary chair of the Emergency Medicine Campaign; Irving Feintech; Emergency Medicine Campaign Co-Chairs Ruth and Harry Roman; Thomas M. Priselac; and Robert Silverstein

By 1995, the Campaign had amassed nearly $100 million, including, among many, many others, a $3 million gift from The Weingart Foundation and a $500,000 gift from the Ahmanson Foundation designated to the $6 million Good Beginnings Campaign.[18] Two years later, in 1997, an additional $5 million raised by Cedars-Sinai's 15,000-member support groups and a $7.5 million S. Mark Taper Foundation pledge – then the largest single gift in Cedars-Sinai's history – ended Phase I on a high note.[19]

Phase II of the Campaign began with Honorary Chairwoman Mary Hart leading the $200 million facilities expansion drive, while plans for the $160 million biomedical research and education campaigns were

From left: Board of Directors Chairman Steven D. Broidy, Maxine Dunitz and Keith Black, MD

1998

Maxine Dunitz Neurosurgical Institute

The Maxine Dunitz Neurosurgical Institute is a premier facility for neurological surgery. Funded through a $5 million donation by Maxine Dunitz and directed by Director Keith Black, MD, the Institute is dedicated to advancing the field of neurosurgery, providing leading-edge compassionate clinical care and conducting unparalleled research for the full range of intracranial conditions.

carefully laid.[20] According to Steven D. Broidy, board of directors chairman from 1998 through 2000, "The current building initiative is larger and far more expensive than the cost of the original hospital on this site. But Cedars-Sinai has never rested on its laurels. We've always gone from strength to strength, striving to respond to community needs with cutting-edge care and facilities. Our belief is that if Cedars-Sinai is there for the community, the community will be there for Cedars-Sinai."[21]

Response to Phase II grew and diversified to raise monies for women's cancers, neurosurgery, cardiology and other specialized areas.[22,23] Almost immediately, The Wasserman Foundation donated $2.5 million. Then, in late 1998, Maxine Dunitz bequeathed an extraordinary $5 million gift to the year-old Neurosurgical Institute, under the directorship of world-renowned Dr. Keith L. Black. The Institute was renamed the Maxine Dunitz Neurosurgical Institute in her honor.

Soon thereafter, a flurry of major events, of which only a handful can be highlighted here, added to the Campaign's success. The Cedars-Sinai Research for Women's Cancer Gala, spotlighting actress Rita Wilson's acceptance of the Women of Courage Award, raised more than $2 million.[24] Then, in March 1999, Helping Hand of Los Angeles' 70th Anniversary Mother's Day Luncheon honoring Nancy Daly Riordan raised another $300,000.

Later that summer, the Medical Genetics Birth Defects Center received $1.5 million from the 14th Annual Cedars-Sinai Sports Spectacular, with featured honorees Wayne Gretzky, Thomas Hearns, Randall Cunningham and Jackie Joyner Kersee. And the Eisner Foundation, Inc. generously donated $6 million to Cedars-Sinai Medical Center for cardiovascular research projects. The following year, Saul and Joyce Brandman's $2 million gift joined with the $1 million Women's Guild gift to bring the Saul and Joyce Brandman Breast Center – A Project of Women's Guild into being.

By 2000, Robert Silverstein had rejoined Irving Feintech as co-chairman of the Campaign for the 21st Century. Phase I and Phase II, taken together, represent a goal of $500 million – the most determined, far-reaching fund-raising effort in the 100-year history of the institution. To date, the philanthropic community has nurtured Cedars-Sinai's humanitarian mission with its trust, pride and generosity. As Co-Chairmen Silverstein and Feintech gratefully affirm, were it not for this support there would be no Cedars-Sinai as we know it.

If cataclysmic changes in the health industry weren't enough to test Cedars-Sinai's mettle, two other events did: the Los Angeles riots and the Northridge earthquake.

A Call to Action

By 1993, many Southland hospitals, as predicted, were on the critical list. A reported 60 percent of the region's private hospitals were in financial trouble, attributable, in part, to the dwindling numbers of patients.[25] Even Cedars-Sinai experienced a 5 percent drop in admissions and a 12 to 15 percent decline in the length of hospital stays.[26] Some laid the blame on the uncertainty of health care reform and California's lagging economy. Others cited the growth of HMOs and their insistence on shorter hospital stays. Still others pointed to the advances in outpatient procedures and medical technology such as laproscopic surgery for the removal of gall bladders, ovaries, and appendixes that eliminated hospitalizations all together.

To staunch the crisis, health industry experts called for more rigorous cost containment and tighter patient case management. Fortunately, Cedars-Sinai was already ahead of the curve. Two years prior, in 1991, the leadership had launched a hospitalwide, continuous Quality Initiative campaign (QI) based on the idea that quality care is often the most efficient care.

Systematic, constructive change could only make what was already good, better. Little escaped evaluation. Department self-assessments, task forces, open forums, patient satisfaction surveys, quality action teams and other sources of information revealed countless ways to streamline operations and enhance patient comfort and satisfaction. Improving working relationships between the management and staff was also emphasized.

As a result, hundreds of changes, large and small, were implemented. A few examples of many follow. Patient-only elevators were designated to optimize patient privacy during transport from one area of the hospital to another. The Discharge Planning process was revamped with more focus on patients' post-hospitalization needs. Patient care stations were reconfigured to meet the practical needs of the nurses who manned them. And Pathology and Laboratory medicine expediting standards were revised to speed lab results.[27,28]

Still, even with the scores of innovations, the words "cost-cutting measures," "reorganization" and "restructuring" hung in the air. True, Cedars-Sinai was faring better than most other Southland hospitals, but with an $11 million budget shortfall, it was no time to be complacent. Every department was asked to permanently reduce its operating budget by 10 percent in an attempt to shrink overall expenses by the same rate.[29,30,31]

The Emergency Room was extremely busy during the L.A. riots, treating 24 victims of the violence and helping others who could not receive medical attention elsewhere because so many other health facilities were closed.

Diversity

The diversity and richness of cultures represented by Cedars-Sinai's 7,000 employees is explored at lively Diversity Celebrations, held in the Harvey Morse Auditorium, that feature the food, native attire, music and traditions of various ethnicities.

Other decisions were taken to mitigate the shortfall. Executive management, department heads and Medical Center-employed physicians salaries were frozen and several management layers were eliminated. Closures of nursing units Seven Northwest and Three Southeast followed. With much reluctance, workforce reductions were also announced.[32] Although downsizing was largely accomplished through natural attrition, trimming per diem hours, and position transfers, 182 employees were actually laid off. Even worse, no one could predict if or when more belt-tightening would be necessary.

Faultless Performances

If cataclysmic changes in the health industry weren't enough to test Cedars-Sinai's mettle, two other events did: the Los Angeles riots and the Northridge earthquake.

On April 29, 1992, civil unrest, ignited by a controversial "not guilty" verdict exonerating four Los Angeles Police Department officers accused of beating African-American motorist Rodney King, broke out in South Central Los Angeles. From there, violence and looting spread northwest. For the next five days, firefighters responded to more than 7,000 fires and some 2,400 National Guard troops were deployed to enforce the dusk-to-dawn curfew. By the time peace was restored, 58 people had lost their lives, nearly 2,400 had been injured, and more than 12,000 had been arrested.[33]

A wounded city fireman was the first riot-related admission to Cedars-Sinai Emergency Services. Other gunshot, stabbing and assault victims soon followed. Block by block, the mayhem moved closer to the Medical Center. When the Beverly Center was closed and the Big 5 Sporting Goods store at the corner of Wilshire and San Vicente boulevards was trashed, more than 50 Cedars-Sinai employees and 400 outpatients from the nearby Mark Goodson Building were evacuated.

Risky as it was, many of Cedars-Sinai's staff members and volunteers braved the dangerous drive to work. But as the disruption escalated, staff shortages arose. Even so, teamwork and flexibility guaranteed the continuity of patient care. On-call medical personnel, nurses and other staff members extended their shifts and slept in vacant patient beds. Safe transport was arranged for those who had difficulties. And, because so many neighborhood childcare facilities were closed, the Medical Center organized free, round-the-clock professional childcare for its employees.

The leadership plunged into untested waters, skillfully trying to steer Cedars-Sinai clear of harm's way.

Ironically, prior to this tragic event, the Medical Center had already begun addressing cultural diversity issues. With its own workforce and patient mix representing the spectrum of cultural, ethnic, racial and religious identities, the hospital was acutely aware of how stereotypes, non-verbal communication and cultural nuances color perceptions and influence interactions, be they between co-workers or patients.[34,35]

In addition to existing translation services in 18 languages and the establishment of a Diversity Council to field workplace concerns, the Medical Center's leadership funded a $400,000 Youth Employment and Development Health Academy.[36] A month following the unrest, at-risk high school students from low socio-economic communities were being recruited for the work-training/mentoring program at the Medical Center. Since the Academy's inception, more than 300 disadvantaged students have "graduated" with practical skills and a view to possible careers in health care.[37]

Little more than 21 months later, a second crisis struck: The Northridge Earthquake. On Jan. 17, 1994 at 4:31 a.m. power lines collapsed and freeways splintered. Thirty seconds later, when the temblor stopped, Los Angeles lay in absolute darkness. Tens of thousands of Southern Californians fled their damaged homes temporarily or for good. Fifty-seven people died.

Several Los Angeles hospitals shut down completely and either transferred their patients to alternative sites or discharged them.[38] Others, like Cedars-Sinai, remained open, serving not only its own patients, but also accepting evacuees from closed facilities. Within minutes of the quake, the Medical Center's Emergency Preparedness Plan and a 24-hour Emergency Command Center that coordinated medical efforts over the next eight days became operational.

1992
Barbara and Marvin Davis Research Building

A $5 million gift from Barbara and Marvin Davis provided the necessary funding to begin construction on a seven-story, state-of-the-art research building at Cedars-Sinai. Each of the floors of the Barbara and Marvin Davis Research Building has a 2,000-square-foot core area that houses specialized equipment and facilities serving the total building population. This innovative "core concept" allows for cost-effective generic and flexible space usage. A groundbreaking ceremony was held Dec. 20, 1988, and the dedication ceremony took place Sept. 13, 1992. The Davis Building houses the Burns and Allen Research Institute.

1988

Ahmanson Pediatric Center

The Ahmanson Pediatric Center, directed by David L. Rimoin, MD, PhD, was designed with a friendly environment that encourages kids to feel at home and get better fast. Its Child Life Program provides therapeutic play to help minimize stress experienced by kids in the hospital. Developmental support and age-appropriate activities are offered in the playroom and at bedside to help create a sense of normal life and recognize a child's emotional needs.

Ahmanson Foundation President Robert H. Ahmanson (center) is thanked by Board of Directors Chairman Ernest J. Friedman (right) and Pediatrics Director David Rimoin, MD, PhD, for a grant of $2 million to establish the new Ahmanson Pediatric Center at Cedars-Sinai Medical Center.

Inside the hospital, broken water pipes flooded floors and shattered glass lay heaped upon toppled supplies and medications. Alarms blared. Back-up generators immediately roared into action, delivering power to all critical care areas. Twenty minutes into the crisis, the injured and traumatized began pouring into Cedars-Sinai's Emergency Services. With only one portable X-ray machine available, 320 patients, more than double the average number, were treated that day.

Plans quickly took shape to ensure Cedars-Sinai patients' and employees' safety, assess the damage and begin the clean-up effort. Within a scant two days, the Medical Center was "close to normal," and not a single patient's care had been compromised.

If only all campus buildings had fared as well. While the majority of the Medical Center suffered little or no structural damage, the Schuman and Halper Buildings, both constructed in 1950s, and a parking structure were damaged beyond repair.[39] Ultimately, the Federal Emergency Management Agency (FEMA) would grant Cedars-Sinai $30.9 million to rebuild – $4.2 million short of the total costs.[40] Given these unforeseen circumstances, the Master Plan was again up for revision.

The selfless actions of Cedars-Sinai's staff members and volunteers during these two crises add credence to the belief that emergencies can bring out the best in people. Although individual acts cannot be documented here, instance after instance demonstrate how these dedicated men and women placed the community's well-being above their personal concerns. Without equivocation, credit for Cedars-Sinai's exemplary response goes to them.

Charting Uncharted Territory

Unlike the riots and the earthquake, the shakeup in health care was far from over. So powerful was the impact of managed care that hospitals throughout the region were either closing, merging with large health care entities or transforming themselves into integrated health care delivery systems (IHCDS).[41,42] Change was the order of the day – even if the rules for the best way to do so were still largely unwritten.

Planning under these capricious conditions was less than optimal and the

Many important innovations have come out of Cedars-Sinai's research laboratories.

Cedars-Sinai reaches out to thousands of people in the Los Angeles area through its community benefits programs. The Community Health and Education Department alone provides or co-sponsors dozens of activities that help more than 3,700 people each month obtain the health care they need, such as a food distribution program, preschool and infant parenting classes and low-impact exercise classes for senior citizens. These programs include C.O.A.C.H. for Kids (pictured), a mobile health care program that provides free medical and preventive services to children and adults in low-income and underserved areas.

Colorful, three-dimensional artwork highlights the special reading and play area of the Ruth Bregman Fashion Industries Guild Children's Health Clinic.

board's mandate was hardly simple. Doing nothing would most surely weaken the institution, but so would blindly following the pack. Cedars-Sinai's Board of Directors and President and CEO Thomas M. Priselac (1994-present) – whose tenure had begun, metaphorically enough, on the day of the earthquake – forged ahead, vetting options and establishing priorities that would define the institution's evolutionary path into the next century. The vision, in President Priselac's words, was to develop "an organization dedicated to providing to an expanded geographic service area, the best possible quality and high-value integrated health care, health promotion and community service in an academic medical center environment."[43]

Reinventing Cedars-Sinai would require multiple strategies, including the acquisition of medical groups, joint ventures, partnerships and affiliations, and nimble decision-making. Fast-maneuvering for-profit health care organizations put Cedars-Sinai's more cumbersome decision-making apparatus at a disadvantage. So a leaner board and an Executive Committee more able to embrace a quicker, more strategic approach was the answer.[44]

The leadership plunged into untested waters, pursuing new opportunities, skillfully trying to steer Cedars-Sinai clear of harm's way. A special committee, organized by Chairman Irving Feintech, was mandated to explore reorganization and the merits of remaining independent. Soon thereafter, teams were dispatched to medical centers around the country, such as Detroit's Henry Ford Health System, St. Louis' BJC (Barnes Jewish Christian) Health System, and San Diego's Sharp Memorial Hospital, whose transitions into integrated delivery systems, however recent, might point the way.

It was the board's "steady as she goes" approach – probing, questioning, and evaluating issues and proposals from every angle – that enabled the institution to stay the chaotic course successfully. By 1994, Cedars-Sinai was poised to offer full spectrum coverage across the entire continuum of care with the creation of Cedars-Sinai Health System (CSHS.) The Medical Center was joined by two affiliated organizations: Cedars-Sinai Health Services, a physician-hospital organization, and Cedars-Sinai Medical Care Foundation.

"When we became Cedars-Sinai Health System, we were pioneering a new Cedars-Sinai for the 21st century," Feintech recalled. "It was the next, natural, evolutionary step for the betterment of the Medical Center and the benefit of the community. As a seamless health care delivery system, we could partner with

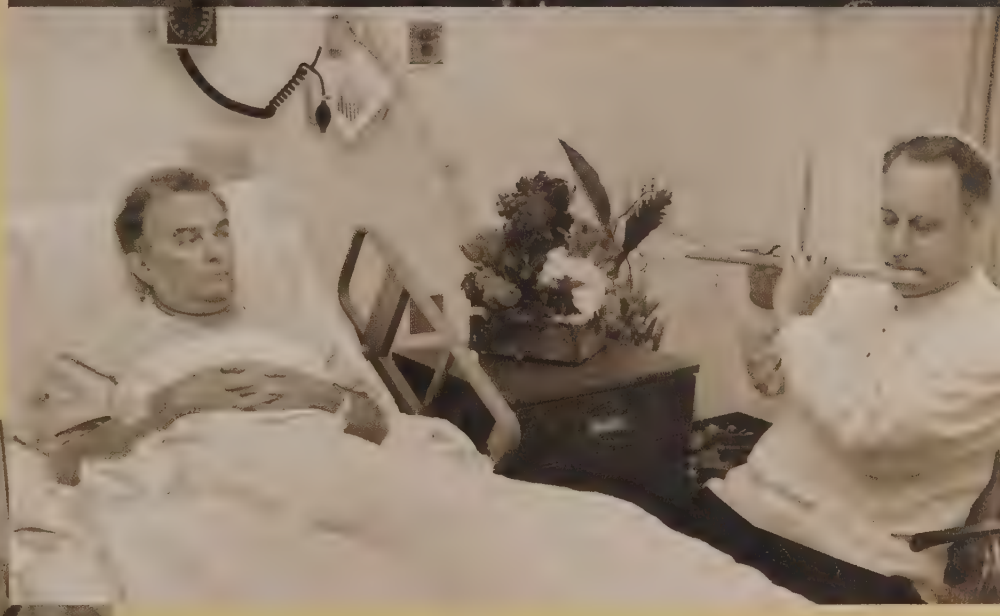
With the Patient in Mind

Throughout the years, Cedars-Sinai has introduced many programs designed to support patient care and make the hospital experience more pleasant for patients. Some of the more recent programs include:

The Board of Governors Patient Magazine Program. Current magazines donated by employees, physicians, visitors and members of the community are distributed by Medical Center volunteers to patients for their enjoyment.

Pet Therapy Program. Carefully screened and trained volunteer teams of dogs and their owners help the healing process for selected patients in such areas as physical rehabilitation.

Music. Uplifting and meditative music is provided to patients through a Volunteer Services program called Music for Healing, as well as during some Chaplaincy visits.



Upper right: Board of Governors Chairman Aaron Eshman and Co-Chairs Roz Joffe (left) and Marilyn Gilfenbain established the Board of Governors Patient Magazine Program in 1997.

Below right: Assistant Chaplain Joshua Spiegelman creates an oasis of music in the room of patient Mark Lainer.

Left: Janie, a golden retriever, offers patient Yvette Naman a stuffed animal during a visit made with Pet Therapy Volunteer Liz Feder.

2002

Louis Warschaw Prostate Cancer Center

The Louis Warschaw Prostate Cancer Center at Cedars-Sinai offers patients the best medical care possible and access to emerging therapies through its research programs. Those programs include integrated clinical trials and a translational research lab that supports pre-clinical and clinical drug studies. In addition to recruiting the best professionals in each related medical field to the team, Cedars-Sinai experts are collaborating with other leading specialists throughout the country via video conferencing. Stuart Holden, MD, who holds the Warschaw, Robertson, Law Families Endowed Chair in Prostate Cancer, is medical director. David Agus, MD, is research director.

Family members and others gathered for the June 12, 2000, dedication of the Warschaw, Robertson, Law Families Chair in Prostate Cancer, which supports research at the Louis Warschaw Prostate Cancer Center. Front row: Louis and Carmen Warschaw (seated) with grandson Jack Law-Warschaw. Standing, from left: Board of Directors Member John Law, Board of Directors Chairman Steven D. Broidy, Cara Robertson, Board of Governors Member Susan Robertson, Carl Robertson, Board of Governors Member Hope Warschaw, Campaign for the 21st Century Co-Chairmen Irving Feintech and Robert Silverstein, and chair holder Stuart Holden, MD.

doctors, develop even more diverse health care services, carefully measure our financial performance, carry more clout with insurers, and affiliate with other institutions from a position of strength. It was a win-win solution for everyone."[45]

Building a Quality Medical Network

The end of the status quo signaled the beginning of courageous innovation and measured risk-taking that has evolved over the course of the decade. Many of Cedars-Sinai's medical staff, faced with the inevitability of a managed care presence and a perceived transition of their traditional professional roles, voiced reactions from uncertainty to anger. But it was not the first time these ideas had been placed on the table.[46]

In 1984, Cedars-Sinai Care, the first joint-effort corporation involving the Medical Center and the medical staff, was formed to facilitate preferred-provider contracts with Maxicare and other potential payors.[47] As a preferred-provider organization (PPO), any staff physician was able to sign up or drop out at will.

As time went on, doctors began to modify their initial resistance to managed care and became hesitant partners in the discussion concerning network expansion. Beginning in 1993, the Medical Center leadership and the medical staff formed Cedars-Sinai Health Care Services (CSHCS), a physician hospital organization (PHO), and Cedars-Sinai Health Associates (CSHA), an independent physician organization (IPA), to procure and negotiate preferred provider and capitated contracts.[48] Initially, the preferred provider program was open to any staff member, primary care physician or specialist who wished to join. The number of physicians participating in the capitated plan was more limited but expected to increase as enrollment grew.

On Dec. 31, 1993, Cedars-Sinai acquired the assets of the predominantly primary care oriented Medical Group of Beverly Hills (MGBH) and formed the Cedars-Sinai Medical Care Foundation. MGBH is now known as the Cedars-Sinai Medical Group.[49] Then, in the winter of 1996, Cedars-Sinai Health

2001

Saul and Joyce Brandman Breast Center – A Project of Women's Guild

The Saul and Joyce Brandman Breast Center – A Project of Women's Guild is dedicated to breast health and provides prevention, diagnosis and treatment of all types of breast-related disease. Patient education, cancer screening and genetic risk assessment are key components of the program and are available in one convenient location. In addition, each patient has a personal care coordinator who makes sure she understands her test results, treatment plan and treatment alternatives. The Center is co-directed by Edward Phillips, MD, and Kenneth Adashek, MD.

Joyce Brandman (with scissors) and Women's Guild President Abby Levy cut the ribbon at the Jan. 8, 2001 dedication of the Saul and Joyce Brandman Breast Center. With them are (from left) Breast Center Co-Director Edward Phillips, MD, President and CEO Thomas M. Priselac, Breast Center Physician Education Director Scott Karlan, MD, Board of Directors Chairman Steven D. Broidy, Saul Brandman, Campaign for the 21st Century Co-Chairmen Robert Silverstein and Irving Feintech, Breast Center Patient Education Director Jerry Steiner, MD, Breast Center Community Resources Director Mitchell Karlan, MD, and Breast Center Co-Director Kenneth Adashek, MD.

System finalized its acquisition of the Greater Valley Medical Group (GVMG), the largest independent primary care group in the San Fernando Valley.[50] The Greater Valley Physician Association (GVPA) joined the network shortly thereafter.

Poised as Cedars-Sinai was by decade's end, the managed care revolution had not made the inroads experts had predicted, especially in Los Angeles. Shrinking reimbursements was one factor. The ongoing movement of risk from payors to provider groups and hospitals was another. Reflecting these turbulent times, the health care environment made the GVMG less relevant in Cedars-Sinai's future, and the group was subsequently sold.

"To this day, Los Angeles defies almost every other large city when it comes to managed care," opined Dr. Michael Langberg, Cedars-Sinai's senior vice president of Medical Affairs and chief medical officer (1995-present). "First, it covers an enormous geographical area. The population is scattered and so are medical services. Physicians and medical care aren't concentrated through large institutions like other cities such as Detroit, New York or Philadelphia. Second, Los Angeles is not a city with dominant companies or employers. Without giants like Kodak or General Motors driving employer purchasing power in health care, the anticipated consolidation of managed care never happened here."[51]

Cedars-Sinai's medical network, as excellent as it is, has not been immune to this slowed momentum. For example, restructuring led to Cedars-Sinai's Health Associates joining the Cedars-Sinai Medical Care Foundation with the dissolution of Cedars-Sinai Health Care Services.

However, these growing pains have not dampened Cedars-Sinai's medical delivery network's forward-looking strategy. Cedars-Sinai's

Medical Education

The Critical Role of Medical Education in Patient Care

Many people do not realize that the tradition of medical education began not at universities, but at hospitals. For example, from the beginning, the founders of Cedars of Lebanon understood that quality patient care is based in programs of biomedical research and medical education. And Cedars-Sinai has never wavered from this founding mission.

The patient-care benefits of medical education are both immediate and long term. Today's patients reap the medical education investments made in the past, and future patients will benefit from the continuity of medical education in which health care professionals of tomorrow are trained today.

Attracting the Finest Health Care Professionals

Outstanding medical faculty are attracted to Cedars-Sinai's stimulating academic environment. Its "bench to bedside" approach also draws top medical trainees from around the world.

Resident physicians are engaged in specialty training, such as internal medicine, surgery, pediatrics, psychiatry, and obstetrics and gynecology. Fellows are pursuing sub-specialty training, such as cardiology, oncology and maternal-fetal medicine.

Passing the Torch

Cedars-Sinai's training mission guarantees the passing of the torch to the next generation of outstanding health care professionals, some of whom enrich the Medical Center's resources by becoming full-time staff members or attending physicians.

Academic training includes patient care, groundbreaking biomedical research and teaching programs, valuable support to attending physicians, delivery of indigent care and the development of clinical protocols.

Cedars-Sinai treats a patient population that includes those who are more gravely ill than those found in most other hospitals, and whose care is subsequently more complex and costly. In conjunction with training in outpatient care, Cedars-Sinai maintains a large Ambulatory Care Center that serves patients in the community, many of whom lack the ability to pay.

Academic Medical Centers and Community Hospitals

As an academic medical center affiliated with a prominent medical school, Cedars-Sinai is the clinical teaching site for a large number of medical students, and the graduate medical education training site for well over 400 residents and fellows. Also reflecting the academic medical repute of Cedars-Sinai Medical Center, almost $80 million in high quality clinical research takes place every year.

Reflecting its community hospital roots, the goal of biomedical research and medical education at Cedars-Sinai is to provide better patient care and bring cutting-edge medical advances directly to patients.

Ensuring the Future Excellence in Patient Care

Cedars-Sinai is one of the most sought-after medical training facilities in the world. Cedars-Sinai faculty is composed of physicians who excel in research as well as patient care, which enhances the Medical Center's international reputation through faculty publications, scientific presentations and medical discovery.

Biomedical research is performed by individuals who have been trained in investigative skills. Patient care is provided by individuals who rigorously train in a variety of medical specialties and subspecialties. The future of health care is dependent upon the medical education of students who enhance the intellectual milieu permeating Cedars-Sinai and benefit patient care.

enrollment has continued to increase and earn the public's confidence. "Our number one referral is by word of mouth from satisfied patients," stated Tom Gordon, chief executive officer of Cedars-Sinai Medical Care Foundation (1994-present). "One reason patients trust us is that when one of our doctors says a patient requires a specialist, that decision doesn't go to a committee – that patient sees a specialist. Other groups often refuse patient services because of tight dollars. We *never* do that here." [52]

Cedars-Sinai's medical delivery network has received acclaim by the *Los Angeles Times* as one of the top three providers in the city. What began as a network covering just 16,000 individuals currently enrolls more than 75,000 managed care and more than 70,000 fee-for-service lives. As a positive force in the managed care marketplace, Cedars-Sinai continues to put patients first, to the benefit of all.

No Opportunity Unexplored

The same economic imperatives that motivated health care organizations to explore managed care options also encouraged them to look afresh at pooling resources to optimize combined strengths with other service providers. Receptive to favorable opportunities, Cedars-Sinai's leadership fielded selected proposals dealing with affiliations, diversification and collaborative arrangements, as well as for-profit ventures.

However, few proposals made it through the board's vetting process, bent on due diligence. Of those that did, some were more successful than others. One early affiliation attempt in 1994, for example, joined Cedars-Sinai with eight other Southern California hospitals to form PrimeHealth Network.[53,54] But while the idea of a single entity negotiating with HMOs and other managed-care insurers on behalf of prestigious not-for-profit tertiary care hospitals and 3,000 affiliated doctors was a good one, PrimeHealth's promise was never realized due to rapid changes in the health care environment.[55]

For-profit activities also accelerated during the latter part of the decade. Among the several forays into this area was the formation of two wholly owned subsidiaries of the Cedars-Sinai Health System: Optimatrix Health Solutions and Zynx Health, Inc. Optimatrix, conceived as a way to lease Cedars-Sinai's computing capacity and skills to managed care physician groups, seemed like a sure bet at its onset, but a lethargic market proved its demise in 1999.

By contrast, Zynx Health, which provides high-quality, rigorous, evidence-based clinical content that can be used to directly improve the quality of care and reduce health care costs, developed beyond expectations. Yet, with success, Zynx needed to examine its strategic partnership options to move to the next level. Such a partner was found in Cerner Corporation, a leading health care information and technology solutions company. Today, Zynx is a wholly owned subsidiary of Cerner, but continues to serve Cedars-Sinai by helping to improve quality and patient safety.

As one non-profit hospital after another was absorbed by for-profit companies, Cedars-Sinai resisted "merger mania" and remained independent, rejecting various merger offers, as well as a joint contracting arrangement with Tenant Health Care Corporation's Midway and Century City hospitals to establish Cedars-Sinai satellite facilities in its primary service area.[57,58,59] No matter what the possible advantages, abdicating autonomy proved impossible to reconcile with the mission-critical values Cedars-Sinai had always stood behind. Robert Silverstein described what was at stake. "We saw what was taking place with other institutions that had decided to merge with for-profit organizations, and it didn't take long to figure out that a for-profit affiliation could mean reducing our commitment to research and education – the very things that help make Cedars-Sinai great," he said. "We just weren't willing to give up either. So we discussed our options and came to the conclusion that we could service the community better if we fought to stay independent."[60]

The Soul of Cedars-Sinai

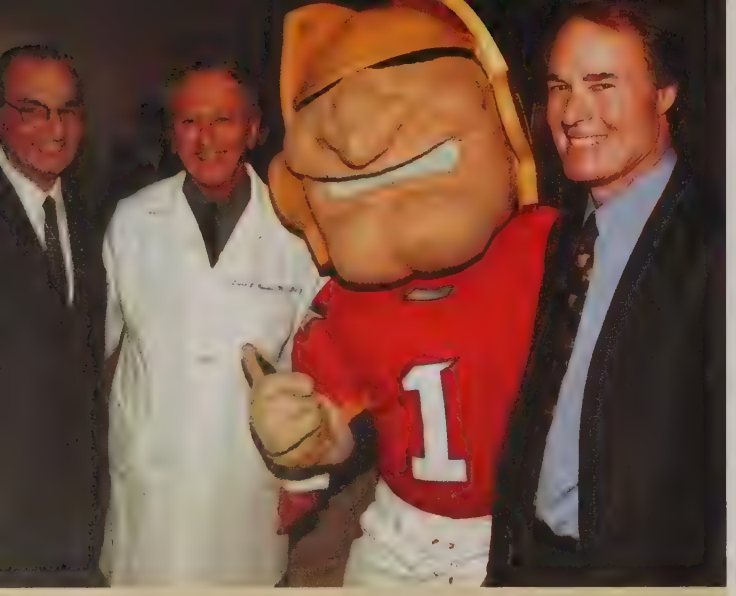
Safeguarding Cedars-Sinai's research, medical education and community service programs during this tidal wave of change was no small task. But worth the fight: The leadership was certain that should these aspects be abandoned, the very essence of Cedars-Sinai would be lost. Dr. Shlomo Melmed, senior vice president of Academic Affairs

2002

S. Mark Taper Foundation Imaging Center and Department

A dedication ceremony was held Oct. 16, 2002, for the S. Mark Taper Foundation Imaging Center and Department. Construction of the new 121,000-square-foot, state-of-the-art facility, located at the corner of San Vicente Boulevard and Gracie Allen Drive on the Cedars-Sinai campus, was made possible by a $7.5 million gift from the S. Mark Taper Foundation. (This is the largest donor contribution ever received at Cedars-Sinai.)

The imaging center houses advanced imaging modalities such as magnetic resonance imaging (MRI), computed tomography (CT), nuclear medicine and PET scanning, as well as routine radiographic modalities and ultrafast calcium scans for early heart disease detection. The S. Mark Taper Foundation, founded in 1989, is a private family foundation dedicated to enhancing the quality of people's lives by supporting nonprofit organizations and their work in the communities.



Sports Spectacular Endowed Medical Genetics-Birth Defects Center Director David Rimoin, MD, PhD, (second from left) and Los Angeles Avengers mascot "TD" are flanked by Sports Spectacular Executive Committee Members Bernard Briskin (left) and John Kissick at the Center's Dec. 18, 2001 dedication.

2001

Sports Spectacular Endowed Medical Genetics-Birth Defects Center

The Sports Spectacular Endowed Medical Genetics-Birth Defects Center at the Ahmanson Pediatric Center diagnoses and treats genetic conditions in infants, children, adolescents and young adults. Directed by David Rimoin, MD, PhD, the Center ensures that patients receive the most accurate testing procedures available, superior medical therapies and the opportunity to participate in the latest clinical trials. It also offers clinics in medical genetics and dysmorphology, metabolic disorders, craniofacial disorders, skeletal dysplasia, and neurogenetics and fibromatosis, as well as a prenatal diagnosis center and a cytogenetics laboratory.

(1998-present) and director of the Burns and Allen Research Institute (1992-present) explained their importance this way: "Cedars-Sinai's founding mothers and fathers created a learning institution that is unique. Thanks to their visionary wisdom, we are a community-supported, not-for-profit, private, highly academic, non-university teaching hospital. Having an academic program keeps us at the cutting edge of clinical care and gives us access to the latest clinical trials and devices. Training medical students, residents and fellows promotes an environment of continual learning that only enriches our clinical enterprise."[61,62]

Cedars-Sinai's "bench-to-bedside" tradition shone bright in the 1990s. Early in the decade, Cedars-Sinai's Burns and Allen Research Institute received National Institutes of Health (NIH) funding as a General Clinical Research Center, one of a select group of medical centers nationwide.[63] Research activity under this prestigious designation flourished, along with the steady recruitment of distinguished physician-scientists to round out Cedars-Sinai's research strengths.

Among the Burns and Allen Research Institute's many stellar projects was the Health Services Research Program that examined aspects of cost-effective care. Another was the Women's Health Initiative, a national clinical study researching the health issues facing post-menopausal women. Large NIH-sponsored program projects were also competitively funded in genetics, cardiology, endocrinology and gastroenterology.

Yet, however far reaching, these high-profile research projects, weren't guaranteed continued funding. This was certainly the case in the second half of the decade, when monies so critical to scientific investigations became increasingly scarce nationwide. In 1997, with projections of a 25 percent federal reduction in science funding by 2002, prospects for many Institute projects seemed far from secure.[64] Alarmed by this damaging and shortsighted policy change, activists in the medical community and disease lobbyists worked to educate Congress about the potential societal benefits of the burgeoning gene revolution.

Fortunately, the draconian cuts were averted. In a dramatic turnaround by decade's end, federal allocations to the National Institutes of Health had doubled to $20 billion. And Cedars-Sinai, one beneficiary, was in the top 12 NIH awardees of competitive funding for non-university medical centers.

All the while, Cedars-Sinai scientist-physicians continued to cultivate additional funding bases. As of 1999, half of the Burns and Allen Research Institute's $50 million extramural budget was supported by corporate awards and

The ceremonial ribbon cutting, from left: Campaign for the 21st Century Co-Chairman Robert Silverstein; Senior Vice President for Academic Affairs Shlomo Melmed, MD; Campaign for the 21st Century Co-Chairman Irving Feintech; Cedars-Sinai Research for Women's Cancers Executive Chair Margie Petersen; Cedars-Sinai Women's Cancer Research Institute Director Beth Y. Karlan, MD; Cedars-Sinai Research for Women's Cancers Executive Chair Sandra Krause; Board Chair Barbara Factor Bentley; Cedars-Sinai Research for Women's Cancers Executive Chair Anne Douglas, National Spokesperson Bonnie Bruckheimer, and Executive Chairs Marion Laurie and Kelly Chapman Meyer; President and CEO Thomas M. Priselac; and Marshall Ezralow, husband of the late Renette Ezralow, one of Cedars-Sinai Research for Women's Cancers founding executive chairs

generous private donors.[65] Additional research revenues were also realized through technology transfer, patenting Cedars-Sinai's discoveries to produce royalty and licensing streams. Patents issued in the areas of imaging software, cardiology devices, molecular biology diagnostics, new oncogenes and health services, to mention just a few, jumped from one in 1990 to 17 in 2000, totaling 73 over the decade.[66] Impressive, too, were the increases in annual gross royalties, from roughly $500,000 in 1990 to $6.2 million by the beginning of millennium.

A significant part of this success is fueled by Cedars-Sinai's support of its own scientific enterprise through this decade's unprecedented building campaign. Some quarter of a million square feet of ultramodern laboratory space in the Barbara and Marvin Davis Building and Steven Spielberg Pediatric Research Building, as well as the new Research Pavilion, is home to more than 150 Cedars-Sinai principal investigators. These facilities are supported by cutting-edge molecular and cell biology, vivarium and informatics services.

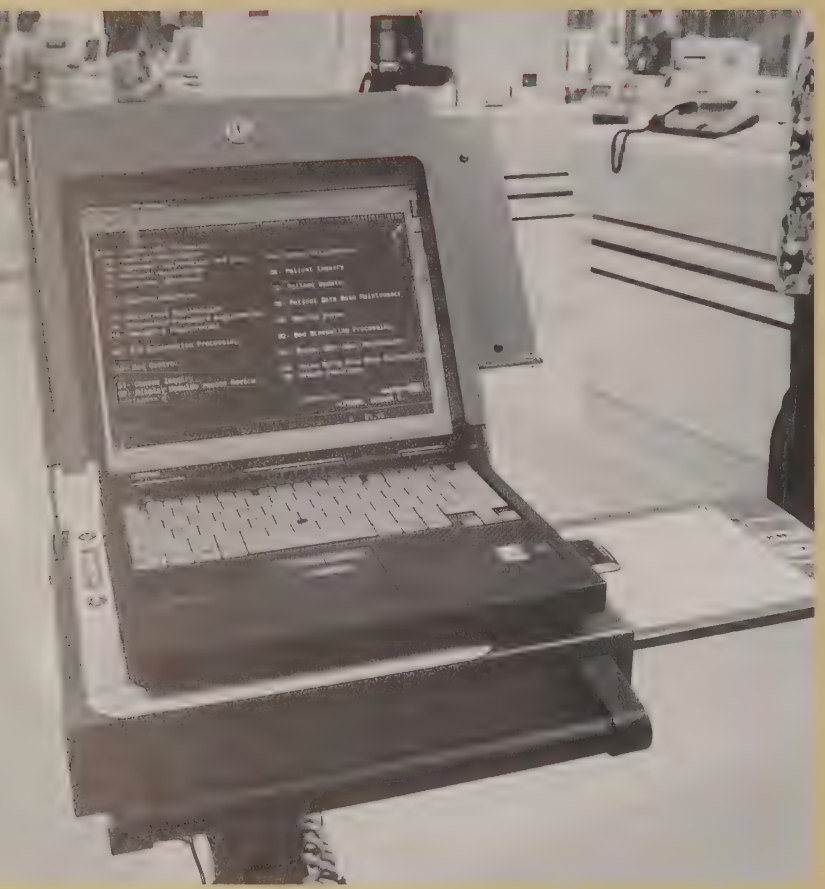
Cedars-Sinai researchers demonstrate an unquenchable passion to decipher the medical mysteries in such health priority areas as cardiopulmonary, oncology, metabolic disorders, neurosciences and neurobehavior, transplant, medical genetics, ophthalmology, and women's and children's health.[67] Among the dozens of studies

2002

Cedars-Sinai Women's Cancer Research Institute

A $9 million commitment in 2001 by Cedars-Sinai Research for Women's Cancers created an endowment fund focusing on research in gynecologic and breast cancers. The endowment funds the Cedars-Sinai Women's Cancer Research Institute, which was formally dedicated on May 22, 2002. The Institute is directed by Beth Y. Karlan, MD, who also directs the Division of Gynecologic Oncology and the Gilda Radner Ovarian Cancer Detection Program.

Technological Advances



Bedside registration has eliminated redundant tasks and continues to improve efficiency for patient access representatives in the Emergency Department.

As Cedars-Sinai turned the corner on the 21st century, the following technologies were being implemented:

- **PCX, the Patient Care Expert.** The Patient Care Expert, or PCX, system is one of the most innovative advances in information technology ever implemented by Cedars-Sinai Medical Center. PCX is an integrated, Web-based information system that will integrate the functions of patient management and patient accounting with vital safeguards and checks that will undoubtedly improve patient safety. Perhaps the most important benefit to patient care will be the ability of PCX to vastly improve the processing of orders and to reduce medical errors. In addition to providing clinical support, the system will make the admissions process faster and more efficient.
- **Wireless Laptops for Emergency Department Registrations.** A new wireless technology, implemented in 2002, has changed how the Emergency Department registers patients. The admission process is conducted while they lie or sit on a gurney in an examination room. Previously, the patient's health complaint and other information were handwritten on forms by admitting representatives, then taken to a computer and entered. How, admitting representatives roll a free-standing work station, consisting of a laptop computer that has a wireless ethernet connection to Cedars-Sinai's main computer, into the room. He or she enters the information directly into the computer as the patient provides it. Necessary paperwork is printed to a nearby location and distributed accordingly.
- **Cedars-Sinai Health System Website.** The Website offers Internet browsers easy access to an abundance of easy-to-understand information about Medical Center programs, services, research and education, history, breaking news and other areas of interest. Links provide additional details on such topics as physician referrals, career opportunities, and subjects of interest to health care professionals.

www.cedars-sinai.edu

CEDARS-SINAI HEALTH SYSTEM.

About Cedars-Sinai
Our history, role in the community, and volunteer and giving opportunities.

For Patients
Hospital admission; Cedars-Sinai physicians; health plans/insurance; inpatient, outpatient and emergency care and directions.

For Visitors
Locating a patient, visiting hours, the Helping Hand gift shop, dining and lodging.

For International Patients
Welcome to visitors from other countries.

For Healthcare Professionals
Our programs, medical departments, clinical resources, CME and GME.

Career Opportunities
Open positions and how to apply for them.

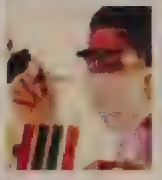
Physician Referrals
Select a physician from our more than 1,000 specialists and primary care doctors.

Medical Network
Cedars-Sinai physician groups including Cedars-Sinai Medical Group and Cedars-Sinai Health Associates.

Research & Education
Information on the Burns & Allen Research Institute, clinical research, clinical trials and research scientists.

News Media
Latest breaking news.

To pause center frame animation, mouse over text. Text-only version.



Cedars-Sinai Is Leading the Quest for Health
The physicians and researchers at Cedars-Sinai are leading the quest for health. Learn about these advancements in medicine and meet the experts behind the science via Cedars-Sinai's new website.

Minimally Invasive Surgery
Leaders in endoscopic and laparoscopic surgeries, Cedars-Sinai physicians specialize in minimally invasive surgery in many disciplines - faster recovery times, less pain and evidence of surgery, and fewer complications.

Digestive Diseases
A pioneer in gastrointestinal endoscopy, Cedars-Sinai's array of programs for digestive diseases provide virtually every known gastroenterologic analytical procedure and treatment.

Women's Health Services
With programs designed to promote the health and wellness of women of all ages, the Women's Health Services provides a full range of obstetrical and gynecological care, maternity and infertility services, breast care, and more.

Pediatric Services
From conception to the age of 18, children who visit Cedars-Sinai benefit from the vast expertise of a team of pediatric sub-specialists who are trained especially to care for kids, but also experts in the fields of general surgery, orthopedic surgery, neurosurgery, cardiology, neonatology, oncology and more.

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Health Topics
Direct access to health news, a comprehensive listing of health topics and conditions, tips for healthy living and the Personal Health Manager, an interactive health assessment and management tool.

Areas of Interest

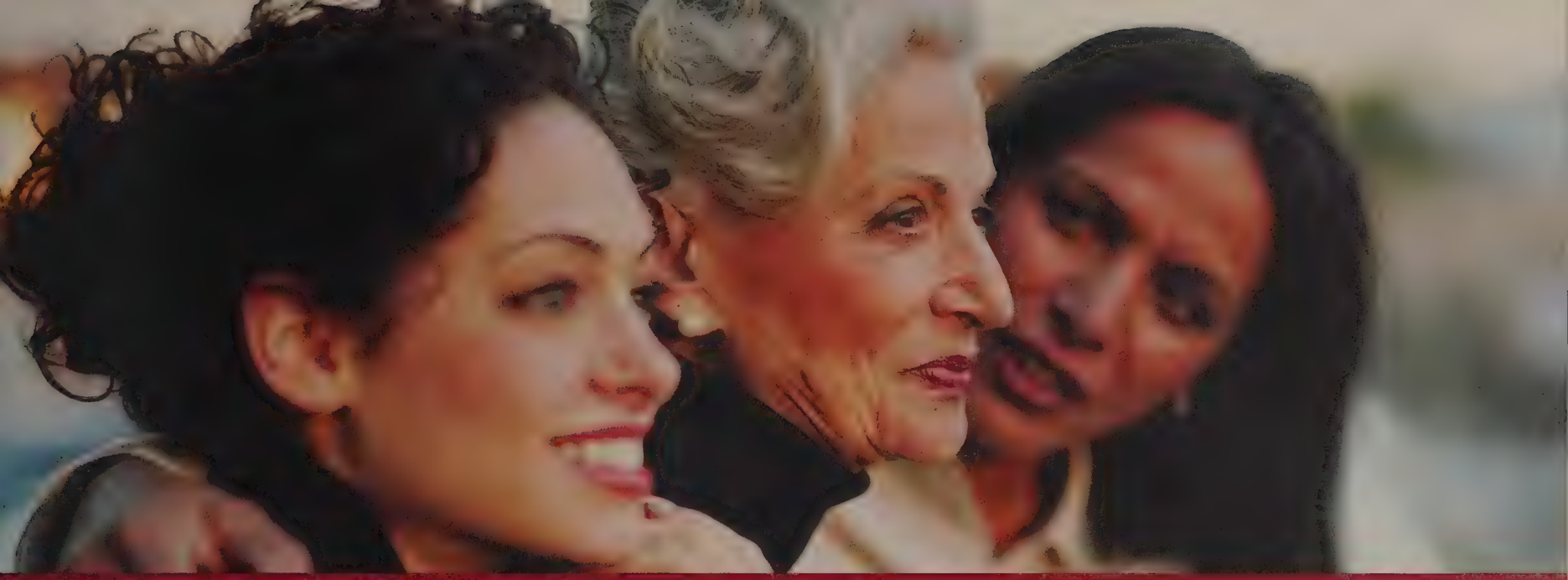
- ADHD
- Addictions
- Alzheimer's Disease
- Anxiety Disorders
- Arthritis
- Back Pain
- Bladder Problems
- Bone Cancer
- Brain Cancer
- Brain Tumor

Contact Us

Search

Go

This room in Obstetrics is typical of patient rooms throughout the Medical Center, where all patient rooms are private.



Cedars-Sinai Support Groups

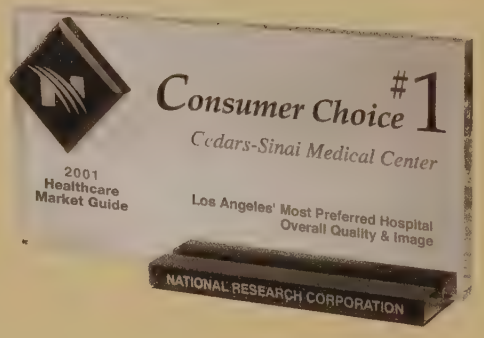
Cedars-Sinai Medical Center's fund-raising support groups have been an integral part of the organization from the day Kaspare Cohn Hospital opened its doors in 1902.

As Cedars-Sinai reached its centennial anniversary, the following support groups were actively funding dozens of programs throughout the Medical Center:

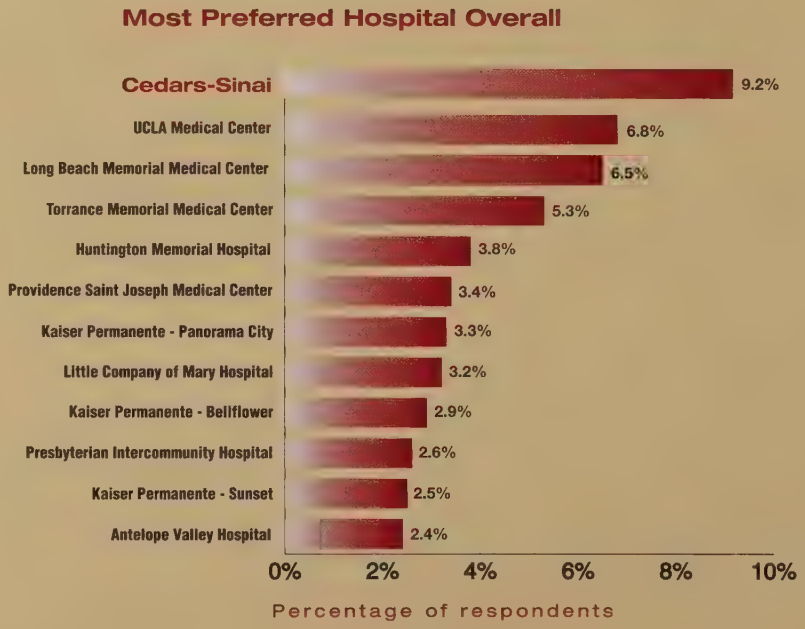
Alumni Association
Amie Karen Cancer Fund
The Associates of Cedars-Sinai
Board of Governors
The Brain Trust
Cedars-Sinai Research for Women's Cancers
C.O.A.C.H. for Kids
Diabetes Center Associates
Diabetes Unit Group
Early Childhood Center Foundation
Electro Cardiographic Heartbeat Organization (ECHO)
Ellis Eye and Laser Center
Emergency Department 911 Club
Emeritus Medical Staff
Fashion Industries Guild
F.R.I.E.N.D.S of Neurology
Good Beginnings
Grassroots
The Heart Fund at Cedars-Sinai
Helping Hand of Los Angeles
The Medallion Group
Pediatric IBD
The PROs
Psychological Trauma Center
Save A Heart Foundation
SHARE Inc.
Sports Spectacular
Teen Line
The Thalians
Tom Collier Memorial Regatta
United Hostesses' Charities
Volunteer Services
Women's Guild of Cedars-Sinai

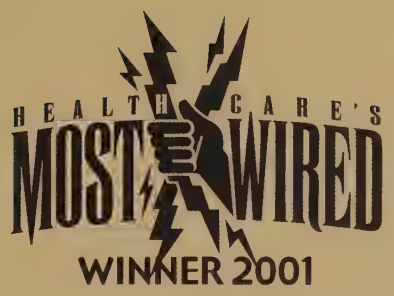
Measures of Quality

AARP – In 2002, the American Association of Retired Persons (AARP) ranked Cedars-Sinai Medical Center the number two hospital among leading metropolitan hospitals nationwide, and is one of only two hospitals in the western United States listed among the top 10. Hospitals were evaluated in four key categories: physician ratings in the area of high-risk adult surgery; mortality rates adjusted for hospital-to-hospital differences in age, diagnoses and other characteristics; JCAHO accreditation scores; and training, including medical school affiliation and number of residents on staff.



Consumer's Choice Award – Cedars-Sinai has been named in an independent survey as Southern California's "gold standard" in health care since 1987, when it first received the National Research Corp.'s "Consumer's Choice" award. NRC's survey of Los Angeles residents ranked the Medical center highest in quality and image categories including Best Overall Quality, Best Image and Reputation, Most Personalized Care, Best Doctors, Best Nurses and Most Preferred Hospital Overall. Cedars-Sinai has received the award every year since the program's inception in 1987 and has ranked the highest in each of the six categories for the Los Angeles Metropolitan Statistical Area since 1990.


Most Preferred Hospital Overall
Cedars-Sinai 9.2%
UCLA Medical Center 6.8%
Long Beach Memorial Medical Center 6.5%
Torrance Memorial Medical Center 5.3%
Huntington Memorial Hospital 3.8%
Providence Saint Joseph Medical Center 3.4%
Kaiser Permanente - Panorama City 3.3%
Little Company of Mary Hospital 3.2%
Kaiser Permanente - Bellflower 2.9%
Presbyterian Intercommunity Hospital 2.6%
Kaiser Permanente - Sunset 2.5%
Antelope Valley Hospital 2.4%
0% 2% 4% 6% 8% 10%
Percentage of respondents



Most Wired – Cedars-Sinai was named one of the nation's "Most Wired" hospitals and health systems by *Hospitals and Health Networks'* 2001 Most Wired Survey. The survey is a collaboration between the magazine, Deloitte Consulting and McKessonHBOC to examine how health care organizations use online services to serve patients, doctors and nurses, employees, suppliers and health plans. The program also measures how the use of online technologies changes from year to year and creates a benchmark group that information executives can use to determine best practices.

Eureka Award for Performance Excellence – The California Council for Excellence named Cedars-Sinai a winner in the 2000 California Awards for Performance Excellence (CAPE) Eureka competition. The Medical Center won a Silver Award for Performance Excellence – one of its top honors – for its commitment to primary care, superior outpatient patient care, and a progressive management approach to health care. The CAPE program uses the same "best practices" criteria as the distinguished Malcolm Baldridge National Quality Award Competition.

Nursing Excellence

Magnet Award – In 2000, Cedars-Sinai became the only Southern California hospital – and one of only two in the state – to receive the four-year Magnet Award from the American Nurses Association Credentialing Center. This prestigious award signifies that the Medical Center not only abides by ANA credentialing standards, but sets them, as well. The Magnet designation also indicates that Cedars-Sinai is exceptional for nursing and other professionals because of the quality of the work environment. The Medical Center was specifically recognized for its outstanding performance improvement, expanding nursing education programs, research, and an internship program that enabled career development.

"One theme that ties us closely to our roots is our 100-year tradition of being an absolute reflection of the needs of the community we serve..."

under way are: Understanding and treating osteoporosis, developing new therapies for HIV-infected patients, examining the effects of managed care on obstetrical practices, laying the foundations for understanding the genetic basis of diseases, and working toward a vaccine against the most common form of blindness in the United States.[68]

Research programs nourish every aspect of Cedars-Sinai Health System's healing environment. The prevention and causes of medical illnesses is one cornerstone. Developing cures for these ailments is another. This cutting-edge biomedical research, combined with superb medical education opportunities, produces a synergy manifest in the treatments, therapies and world-class clinical care Cedars-Sinai patients receive.

At Cedars-Sinai, research excellence and academic excellence go hand in hand: Researchers witness direct translation of their scientific breakthroughs into superior patient care and future health care professionals learn state-of-the-art practice at patients' bedsides. It is a combination that attracts the best and the brightest medical students, house staff and faculty from around the world.

Ever since the first class of four interns made rounds in 1931, Cedars-Sinai's corridors, patient rooms and conference halls have reverberated with the lively exchange of eager students and staff asking and answering critical health questions. Because the Medical Center's patient population includes more gravely ill patients than those found at other hospitals, medical students trained at Cedars-Sinai have always had the opportunity to sharpen their skills tending the most difficult, challenging cases.

But superior medical training comes at a price – a high one. This level of care is always more complex and expensive, whether reimbursements are commensurate with the costs or not. Add to these expenses trainee stipends, faculty salaries, maintenance of a comprehensive, up-to-date medical library and electronic information services and the sum is dear.[69]

Like other tertiary-care teaching hospitals across the nation, Cedars-Sinai has, for many years, relied on a portion of Medicare reimbursements to help cover the direct costs associated with these high-caliber medical education programs. However, in the mid-1990s, ever-slimmer payments forced medical training centers across the country, including Cedars-Sinai, onto a crash diet. Cedars-Sinai's leadership had to confront the difficult problem of how to continue to train the top-notch physicians of the future despite the fiscal cutbacks.

Finding solutions that would not compromise Cedars-Sinai's standards was their first order of business in 1994. Given the emerging managed care emphasis on primary care physicians, resident training at Cedars-Sinai was refocused on generalist disciplines rather than the specialties and subspecialties, and from on-site inpatient to outpatient care. Relationships with the Los Angeles Free Clinic, Los Angeles Mission, Venice Free Clinic and the Medical Group of Beverly Hills, under the Cedars-Sinai Medical Care Foundation, expanded ambulatory care training opportunities.[70]

The cutbacks also affected Cedars-Sinai's fellowship and continuing education programs. Nurturing the development of more internists and pediatricians, and possibly more general surgeons and psychiatrists, became a priority. Attention was given to teaching health care specialists how to be effective in a managed care system, extending primary care physicians' training in specialties and exploring preventative care. In addition, accredited programs were geared toward developing health care delivery teams, a mix of nurses, lab technicians, pharmacists, psychiatrists, physician assistants and physicians.

Nursing

100
As we approach our 100-year milestone, we are proud to celebrate our prestigious history. Cedars-Sinai is one of the most renowned hospitals in the world thanks to the many individuals who have worked here over the years, and who continue to take us into a momentous future. Here's to our next century of quality and compassionate healthcare.
Nursing
• Staff RNs
Med/Surg
Adult Critical Care
- Cath Lab
OR/PACU
- NICU/PICU
Emergency Department
Labor & Deliver
- Post Partum/Nursery
Psychiatry
Oncology
• Nursing Unit Manager (SICU)
• Nurse Epidemiologist
• Peer Review Coordinator
• Home Health RNs
• Hospice RNs
• Research RNs
• Per Diem Float Pool RNs
• Psychiatry LVNs
• Home Health LVNs
• Certified Nursing Assistants (CNAs)
• Nursing Unit Secretaries
Nursing Training Programs (RNs)
• RN New Graduate
• Labor & Delivery
• Emergency Department
• Cardiac Cath Lab
• Operating Room
• Recovery Room
• Neonatal Intensive Care
Allied Health
• Pharmacists
• MRI Techs
• Rad Techs
• Nuclear Medicine Techs
• CT Supervisor
• Echo Techs
• Neonatal Respiratory Therapists
• Surgical Techs
• Central Processing Techs
• EEG Techs
• Social Workers (Hospice & Bilingual)
• Mental Health Clinicians (LCSW or Psychologist)
• Clinical Dietitian
• Clinical Dietitian/Administrative Coordinator
• Physician Assistant - Surgery
Laboratory/Research
• Clinical Lab Scientists
• Medical Lab Assistants
• Research Associates
• Research Post Doctorate
• Cytogenetics Lab Supervisor
• Cytogenetics Technologists
• HLA Medical Technologists
Rehabilitation
• Physical Therapists
• Occupational Therapists
• Speech Pathologist
Inpatient Rehab
Outpatient Rehab Peds
- Therapeutic Preschool
Finance/Business Office
• Patient Accounts Supervisor - Collections
• Admitting Manager
• Patient Billing Manager
• Patient Collections Manager
Clerical/Administrative Support
• Management Assistants
• Medical Secretaries
• Medical Transcribers
Information Technology
• Sr. Analyst (RN, Pharm.D. or RT)
• Systems Analyst
• Business Analyst
Management/Administration
• Senior Managed Care Specialist
• Security Captain/Fire Training Coordinator
Get in touch with us!
RN positions:
Call: 800-795 NURS
- Walk-In Interviews M-F 7:30am-4:30pm
Email: nurses@cshs.org
Fax: (310) 423-0378
All other positions:
- Mail: Cedars-Sinai Health System
8723 Alden Dr., SSB-110
Los Angeles, CA 90048
Fax: (310) 423-8400
Email: jobs@cshs.org
For more information and to build your resume online: www.cedars-sinai.edu
Reference code EN LATIMES
Cedars-Sinai welcomes and encourages diversity in the workplace EOE/AA
CEDARS-SINAI
DING THE QUEST FOR HEALTH.™

Cedars-Sinai Institute for Professional Nursing Development

In response to a severe and growing shortage of nurses both regionally and nationwide, the Medical Center in 2001 created the Cedars-Sinai Institute for Professional Nursing Development. The Institute is one of the few nursing institutes in the nation, and the only one on the West Coast that is institutionally, rather than governmentally, based. Its goals are fivefold:

- to increase the number of individuals entering and graduating from registered nursing programs,
- to increase the number of RNs prepared to provide specialty and critical care nursing in differentiated roles,
- to provide education and skill development programs for staff nurses and managers,
- to improve the qualty of nursing care through research and innovation, and
- to recognize and reward excellence in nursing practice, education, research and community service.

At the same time, an institution-wide recruitment campaign focused on key positions in other areas as well, such as pharmacists, imaging clinical associates, physical therapists, and clinical lab scientists. As part of the campaign, employees were highlighted in print advertisements.

Formally dedicating the Institute, from left: Campaign for the 21st Century Co-Chairman Robert Silverstein, Senior Vice President for Academic Affairs Shlomo Melmed, MD, Community Relations Emeritus Director Larry Baum, Board of Governors Chairman John Bendheim, Board of Directors Chair-Elect Barbara Factor Bentley, Board of Directors Chairman Steven Broidy, President and CEO Thomas M. Priselac, Molecular Medicine Co-Director Maria Castro, PhD, Campaign for the 21st Century Co-Chairman Irving Feintech, Board of Governors Immediate Past Chairman Elaine Winters and Incoming Chair Lynn Klinenberg, Institute Director Pedro Lowenstein, MD, PhD, Board of Governors Development Committee Chair Sally Magaram, guest speaker Bree Walker and Senior Vice President for Development Gary A. Leo

2001

Board of Governors Gene Therapeutics Research Institute

Cedars-Sinai took a step into the future on Oct. 23, 2001, with the dedication of the Board of Governors Gene Therapeutics Research Institute. (The original – and official – dedication date was Sept. 11.) Headed by Director Pedro Lowenstein, MD, PhD, and Molecular Medicine Co-Director Maria Castro, PhD, and supported by a $5 million lead gift from the Board of Governors, the Institute is dedicated to the clinical translation of cutting-edge molecular technology.

When the 1997 federal Balanced Budget Act further restricted Medicare reimbursements, Cedars-Sinai redoubled its efforts to shield its medical education programs. According to Dr. Melmed, "Cedars-Sinai has closed part of the gap through ever-diminishing clinical care revenues. We've also been dealing with the current squeeze by measuring the quality of our training programs using rigorous quality tools: programs that objectively deserve support get support; programs that deserve less get less. Teaching programs are encouraged to self-fund through grants and philanthropic organizations."[71]

This proactive resolve has mitigated financial pressures – somewhat. But even with funding constraints, the Medical Center continues to attract world-renowned faculty physician/mentors and outstanding medical graduate trainees. At the time of this writing, Cedars-Sinai is training more than 500 UCLA medical students, and residents train in 17 programs.[72] Major programs include internal medicine, dentistry, combined medicine/pediatrics, pediatrics and genetics, obstetrics and gynecology, surgery, pathology, psychiatry, radiology/nuclear medicine, and physical medicine and rehabilitation. Additionally, 33 subspecialty training programs range from pulmonary/critical care to child and adolescent psychiatry to cardiology, and more. Educating the physicians of the future responsibly, with pride.

Research and medical education were not the only areas affected during this turbulent decade. As efficiency and cost-cutting pressures mounted, many feared that charitable hospitals would be forced to eliminate community services altogether. A danger at other hospitals perhaps, but not at Cedars-Sinai, whose founding charters as community hospitals

were based on providing free and low-cost medical care to the needy. "Everything we have always done and continue to do is for the community," stated Thomas F. Zenty, III, executive vice president of Clinical Care Services and COO (1995-present). And neither the leadership nor Cedars-Sinai's philanthropic community was about to let that change.

Cedars-Sinai's 100-year tradition of community service was severely put to the test, however, in 1994 when Los Angeles County's Trauma System teetered on the brink of dissolution after other member hospitals threatened to withdraw. In a bold move, Cedars-Sinai not only refused to shirk its responsibility as a Level I Trauma Center, its philanthropic community rededicated itself to creating a world-class facility
to meet the community's growing needs. In 1998, the $11 million expansion and renovation project, launched with a major gift from Ruth and Harry Roman, opened. Named in the donors' honor, the 32-bed Ruth and Harry Roman Emergency Department is also home to the S. Mark Taper Foundation Pediatric Critical Care Center and the Marcia Israel Trauma Center.[73] During the same period, when scores of Los Angeles' hospital and county neighborhood clinics were folding, Cedars-Sinai took up the slack by providing more than $14 million in outpatient and inpatient charitable care.[74]

Then, as now, devoted philanthropic individuals and approximately 40 fund-raising groups help Cedars-Sinai make more than 80 community outreach programs possible. In 1999 alone, Cedars-Sinai's support of community services programs reached $60 million.[75] One example of this remarkable, ongoing partnership is the Community Outreach Assistance for Children's Health (C.O.A.C.H. for Kids and Their Families). Originally co-founded by Cedars-Sinai and the Douglas Foundation, this clinic on wheels has come under the generous wing the C.O.A.C.H. for Kids and Their Families support group, which ensures that homeless children and their families receive free on-site medical, psychiatric, dental and laboratory services, and inpatient services when necessary.[76]

Other examples of the many Cedars-Sinai community programs include the Prenatal Clinic for Pregnant Teens; the Psychological Trauma Center, a school-based crisis intervention program; and Lifeline, an emergency response system that enables more than 750 seniors and disabled persons to summon emergency medical help quickly.

With the 1999 launch of the Telemedicine Service, Cedars-Sinai's outreach activities extend even further beyond the Medical Center's walls. Patients and their doctors worlds away – from remote, underserved Tulare County communities in California's Sierra Nevada foothills to the holy city of Jerusalem – can access medical opinions from Cedars-Sinai's medical experts via real-time audio and video transmission.

A regional outreach agenda is also being created. Recently, Cedars-Sinai has adopted Healthy People 2010 objectives for improving the nation's health and participates in joint community benefit studies with other hospitals and health care organizations. This consortium of organizations conducted a Community Needs Assessment and identified five priority health areas for future collaboration.[77]

Of these priority areas, Cedars-Sinai has made mental health, maternal/child health, and the management and prevention of chronic disease central to its Community Health Strategic Plan. Cedars-Sinai tactical teams are currently designing programs to strengthen our community's safety net and partner with existing health resources to service deficiencies in these areas.

"Based on our long-range strategic plan, Cedars-Sinai is doing things today that will allow us to continue to meet the needs of our community in the future," Thomas Zenty stated. "In addition to participating in the consortium to improve the health status of the community, we are expanding Cedars-Sinai's clinical care services and opening state-of-the-art imaging, diagnostic and treatment facilities. By enhancing our top-class, comprehensive healing environment, all these new inpatient and outpatient resources are creating a healing environment to meet the current and future clinical and psychosocial needs of our community."[78]

The Gold Standard for the 21st Century

For the last century, Cedars-Sinai has had the privilege of helping and healing members of the Los Angeles community. Striving to deliver premier medical health care has always been its number one concern, irrespective of the pressures. Over the course of this last decade, each of Cedars-Sinai's distinguished chiefs of staff, Drs. Leon J. Bender (1991-1992), Burton W. Fink (1993-1994), Stephen J. Uman (1994-1995), Steven Simons (1996-1997) and Arthur I. Johnson (1998-1999), Paul Hackmeyer (2000-2001) and M. Michael Shabot, MD (2002-present) has made significant contributions to this collective effort. Their stewardship of the medical staff and good counsel to the board has been invaluable.

"The decade of managed care was dominated by who was 'in' and who was 'out,' but we've put that behind us," Dr. Paul Hackmeyer, chief of staff (2000-2001) pointed out. "Quality is our unifying goal. Cedars-Sinai's medical staff, its leadership and administration are now looking forward with a shared purpose and common focus on quality patient care."[79]

Praise for this commitment comes from highly respected sources. The Joint Commission on the Accreditation of Health Organizations' (JCAHO) rigorous evaluation scored Cedars-Sinai in the top 5 percent of the hospitals in the country in 1999. For more than a decade, Cedars-Sinai has consistently won the National Research Corporation's Consumer Choice Award as Southern California's number one leader in Best Overall Quality, Best Doctors, Best Nurses, and Best Image and Reputation for the fifth successive time. And *U.S. News and World Report's 1999 10th Annual Guide to America's Best Hospitals* ranked the Medical Center as the top non-university hospital in Southern California and among the top 38 hospitals in the United States in nine of 16 categories: Cardiology and Heart Surgery, Gynecology, Digestive Tract, Respiratory Disorders, Rheumatology, Geriatrics, Neurology and Neurosurgery, and Ear, Nose and Throat.[80]

Improving and exceeding quality standards is the intense focus of the medical staff and the Quality Council, a group devoted to tracking, evaluating and enhancing quality processes. One rich source of information is patients themselves. In-hospital and post-hospitalization patient surveys and interviews, routinely conducted in collaboration with the internationally recognized Picker Institute, yield frank feedback that pinpoints opportunities for meeting unmet needs.

Other prospects for improving clinical outcomes are identified through the use of evidence-based and best practice guidelines.[81] One example of this concerted effort was the Clinical Value Improvement Process (CVIP), involving 15 multidisciplinary teams in various areas

Jewish Contributions to Medicine

In 1997, Joseph Mitchell, former chairman of the Board of Trustees of Cedars-Sinai Medical Center, and his wife, Beverly, commissioned a mural on the history of medicine, to be located in the main auditorium of the hospital.

Heading the project was Stanley Grinstein, chairman of the Cedars-Sinai Art Council. At his direction, a committee of physicians was formed to do the necessary research and to provide the ideological approach to the mural subject matter.

The committee made the à priori decision to limit the subject matter to Jewish Contributions to Medicine. The focus on this particular facet of medical history not only acknowledged the Jewish origins and heritage of the Cedars-Sinai Medical Center but also narrowed the unmanageable task of depicting the entire sweep of medical history to a manageable range of subject matter bearing a relationship to a Jewish hospital.
The mural, an oil painting, runs the length of the upper half of one wall of the auditorium. The dimensions of the mural are 12 by 71 feet.

The artist, Terry Schoonhoven, was born in Freeport, IL in 1945. He attended the University of Wisconsin, and did graduate work in art. He taught lithography at UCLA and was a cofounder of the Los Angeles Fine Arts Squad in 1969 (disbanded in 1974), a group organized to do large exterior murals. The group executed seven major murals in the Los Angeles area.

such as general psychiatry, medical and surgical back pain, and hip and knee replacement and fractures that carefully monitor and analyze care protocols aimed at refining current treatment paths.[82]

At the front line of ongoing quality improvement is Cedars-Sinai's nursing staff. Naturally, excellent patient care is a priority. Nurses who excel in patient care are in line to receive several philanthropic awards such as the Sue and Al Dorskind Awards for Nursing Excellence, the Ralph M. Parsons Award, the Kellogg Foundation Award, and the Zifkin Family Award. Professional development and continuing education are also highly valued. In collaboration with California State University, Los Angeles, Cedars-Sinai's nurses can earn their bachelor's and master's degrees on site.

At Cedars-Sinai, outstanding individual performance mirrors outstanding institutional performance. In January 2000, Cedars-Sinai's nursing staff received the Magnet Accreditation from the American Nurses Credentialing Center for outstanding nursing care, one of only 22 hospitals out of more than 5,000 nationwide selected for this award. "As knowledgeable and skilled professionals, our nurses are as passionate about their science as they are compassionate in their delivery of care," Linda Burnes Bolton, RN, DrPH, vice president and chief nursing officer (1996-present), said.[83] "Patients are in good hands when they come to us."

The Quest for a Healthy Future

At Cedars-Sinai Health System, health care miracles are performed every day and more are in the making. Ask patients recently treated at the Pituitary Center, one of the first centers in the nation to offer endoscopic removal of pituitary and other brain tumors. Or the more than 500 men and women who have received liver transplants and heart/liver transplants performed by Cedars-Sinai's world-famous Liver and Heart Transplantation teams.[84,85] Or the beaming families of premature newborns whose lives were saved in Cedars-Sinai's state-of-the-art Neonatal Intensive Care Unit.[86]

As of the year 2000, the skilled and caring Cedars-Sinai Health System team included a medical staff of 1,700, 7,750 employees, 2,000 volunteers and 16,000 fund-raising support group members – a far cry from Kaspare Cohn Hospital's lone physician and his fledgling staff of three nurses a century ago.[87] The institution's capacity to adapt, to regenerate, to dream of what it can become is as central to its ethos at the beginning of the 21st century as it was on its dedication day, Sept. 21, 1902.

"One theme that ties us closely to our roots is our 100-year tradition of being an absolute reflection of the needs of the community we serve. One might think of the Cedars-Sinai's Health System as new wine in an old bottle," President and CEO Thomas M. Priselac explained.[88] "In contemporary terms, being an academic medical center and a community hospital means being a responsive, inclusive resource to Los Angeles' larger, multicultural community. An even broader responsibility is to heed society's call for producing value in the health care services we provide. By playing a leadership role and contributing to the national and statewide dialogue on these issues and standards, Cedars-Sinai Health System continues to participate in the growing trend of increased public accountability."

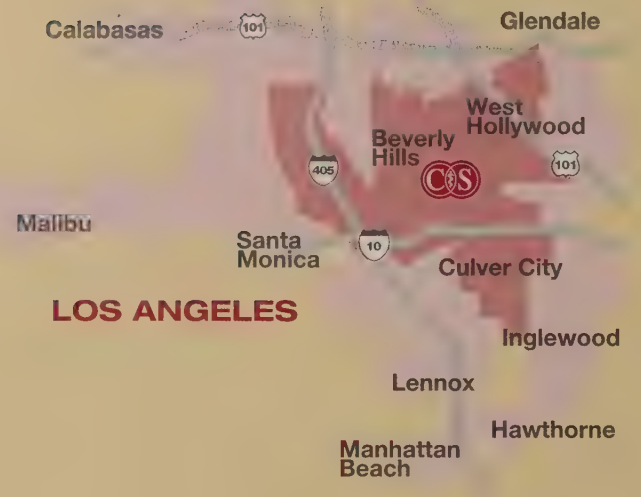
For over a thousand years, hospitals have embodied the spirit of community solidarity – from the earliest shelters in Byzantium to today's high-rise medical centers.[89] As houses of healing, teaching and research, science and technology, hospitals, from the most humble to the most sophisticated, have always mirrored the collective values of their staff, administration, benefactors and patients.

Thereupon lies the foundation of Cedars-Sinai's integrity. "Cedars-Sinai has been a part of the social fabric of Los Angeles for a century," says Board of Directors Chair Barbara Factor Bentley. "The most valuable asset we have is the community's good will, trust and high expectation – none of which we ever take for granted. We always ask ourselves, 'How can Cedars-Sinai be better, and what more can we do to respond to our community's needs?'"

The answers to these fundamental questions are forever changing as the wheel of scientific progress spins ever faster each successive century. With every turn, the art and science of medicine is transformed. No less important than the legacies of generations past is the inestimable impact of those yet to be made. Cedar-Sinai Health System is proud to be part of this noble opportunity and is eminently prepared to meet the future. For this venerable home of health and healing, there is no greater privilege.

Our Community

Today, Cedars-Sinai serves the Los Angeles market area, which has more than 9 million people. It primary service area, comprising some 2.3 million people, represents approximately 75 percent of Cedars-Sinai's total inpatient discharges. In addition to the Los Angeles community, Cedars-Sinai offers comprehensive services for international patients through its International Health Services program. It also provided $114 million in community benefit contritutions in 2002.



Current Status

Patients Served

(12 months – fiscal year ended June 30, 2002)

Medical Center	
Inpatient Visits	44,987
Obstetrical Deliveries	6,389
Emergency Room Visits	75,654
Trauma Care Visits	1,568
Outpatient Visits	158,092

Mental Health	
Inpatient Treatment Days	22,843
Outpatient Treatment Days	61,442

Patient Capacity

Total Licensed Beds	898
General Acute Beds	830
Perinatal (64)	
Intensive Care (54)	
Intensive Care Newborn Nursery (45)	
Pediatric (31)	
Rehab Center (29)	
Coronary Care (18)	
Acute Respiratory (10)	
Unspecified General Acute Care (579)	
Acute Psychiatric Beds	68

MAX FACTOR FAMILY TOWER
CEDARS-SINAI MEDICAL CENTER

Cedars-Sinai Endowed Chair Program

The Cedars-Sinai Endowed Chair Program, started in 1986, was the brainchild of Davre Davidson, a Cedars-Sinai Life Trustee, and his wife, Charlotte.

To serve as a symbol of this program, a one-of-a-kind chair was designed. This unique chair, along with a wall on which appear the names of those who have endowed Cedars-Sinai chairs, can be viewed in the Plaza Lobby at the Medical Center.

With the establishment of the endowed chair program, Cedars-Sinai joined the ranks of some of this country's most prestigious research and medical institutions.

A chair is a special type of endowment because it achieves its goals not through raising a structure, but by making it possible to recruit the most outstanding scientists and physician-scientists to be found anywhere, and to fund investigations in their specialties. It is a way of attracting and keeping the finest talent in medicine, which is essential to the progress of medical science and technology; a way of funding research activities – activities that lead to answers to medical questions, which in turn lead to outstanding patient care.

Helping Hand of Los Angeles The Miriam Jacobs Chair in Maternal-Fetal Medicine
Holder: Calvin Hobel, MD
Endowed in 1984 (prior to establishment of Cedars-Sinai Endowed Chair Program)

Burns and Allen Chair in Cardiology Research
Holder: James Forrester, MD
Dedicated: March 20, 1989

Shapell and Webb Families Chair in Clinical Cardiology
Holder: Prediman K. Shah, MD
Dedicated: April 19, 1990

Steven Spielberg Family Chair in Pediatrics
Holder: David L. Rimoin, MD, PhD
Dedicated: June 21, 1990

Dorothy and E. Phillip Lyon Chair in Laser Research
Holder: To be named
Dedicated: March 28, 1991

Carmen and Louis Warschaw Chair in Neurology
Holder: Stefan M. Pulst, MD
Dedicated: July 23, 1991

Board of Governors Chair in Medical Genetics
Holder: Jerome I. Rotter, MD
Dedicated: Nov. 20, 1991

Feintech Family Chair in Inflammatory Bowel Disease
Holder: Stephan R. Targan, MD
Dedicated: Dec. 3, 1992

Geri and Richard Brawerman Chair in Molecular Genetics
Holder: Julie R. Korenberg, MD, PhD
Dedicated: Sept. 23, 1993

Dorothy and E. Phillip Lyon Chair in Molecular Cardiology
In Honor of Clarence Agress, MD
Holder: Behrooz Sharifi, PhD
Dedicated: Sept. 8, 1994

Board of Governors Chair in Gynecologic Oncology
Holder: Beth Y. Karlan, MD
Dedicated: Sept. 12, 1995

Mark Goodson Chair in Oncology Research
Holder: Phillip Koeffler, MD
Dedicated: Jan. 23, 1997

Ruth and Lawrence Harvey Chair in Neuroscience
Holder: Keith L. Black, MD
Dedicated: Nov. 5, 1997

Wasserman Foundation Chair in Clinical Electrophysiology
In Honor of Rexford S. Kennamer, MD
Holder: C. Thomas Peter, MD
Dedicated: Nov. 18, 1997

Pauline and Harold Price Chair in Cardiac Electrophysiology Research
Holder: Peng-Sheng Chen, MD
Dedicated: March 19, 1998

Ruth and Harry Roman Chair in Neonatology In Honor of Larry Baum
Holder: Charles Simmons, MD
Dedicated: June 3, 1998

GUESS?/Fashion Industries Guild Chair in Community Child Health
Holder: Neal Kaufman, MD, MPH
Dedicated: Aug. 26, 1998

Women's Guild Chair in Women's Health
Holder: C. Noel Bairey Merz, MD
Dedicated: Oct.1, 1998

Esther and Mark Schulman Chair in Surgery and Transplantation
Holder: Achilles Demetriou, MD, PhD
Dedicated: Oct. 21, 1998

Alfred Jay Firestein Chair in Endocrinology, Diabetes and Metabolism
Holder: John S. Adams, MD
Dedicated: June 3, 1999

Warschaw, Robertson, Law Families Chair in Prostate Cancer
Holder: Stuart Holden, MD
Dedicated: June 12, 2000

James R. Klinenberg, MD Chair in Medicine
Holder: Glenn D. Braunstein, MD
Dedicated: Dec. 21, 2000

Karl Storz Chair in Minimally Invasive Surgery
In Honor of George Berci, MD, FACS
Holder: Edward H. Phillips, MD, FACS
Dedicated: June 6, 2001

Rexford S. Kennamer, MD Chair in Cardiac Ultrasound
Holder: Robert J. Siegel, MD
Dedicated: Oct. 17, 2001

Estelle, Abe and Marjorie Sanders Chair in Cardiac Surgery
Holder: Alfredo Trento, MD
Dedicated: June 10, 2002

Helping Hand of Los Angeles Chair in Obstetrics and Gynecology
Holder: Ricardo Azziz, MD, MPH, MBA
Dedicated: Nov. 21, 2002

Helene A. and Philip E. Hixon Chair in Investigative Medicine
Holder: Shlomo Melmed, MD
Dedicated: Dec. 17, 2002

Cedars-Sinai Medical Center

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Thomas M. Priselac
Michael Shabot, MD
Mark Siegel
Ronald Silverman
Robert Silverstein
Steven Spielberg
Antony Trattner
Alan Weinberger, MD
Walter Zifkin

Introduction Footnotes

[1] Levitan, Tina. *Islands of Compassion*. Tywane Publishers, Inc. New York. 1964:15.

[2] The CSMC Emeritus Group has been writing specific histories of selected medical departments. Participants have included: Drs. Rea Schneider, Department of Internal Medicine; Robert Einstein, Department of Radiation Therapy; Sydney Rosin, Department of Pediatrics; Daniel Golenturnek, Department of Obstetrics and Gynecology; and Lee Morgenstern, Department of Surgery

Chapter 1 Footnotes

[1] Sass, Stephen J., Ed. *Jewish Los Angeles: A Guide*. Council on Jewish Life, Jewish Federation Council of Greater Los Angeles. 1982:8-9.

[2] Ibid.:8.

[3] Ibid.:9.

[4] Vorspan, Max and Lloyd P. Gartner. *History of the Jewish in Los Angeles*. Henry E. Huntington Library and Art Gallery. San Marino, California. 1970:84

[5] Phillips, Bruce. "Los Angeles Jewry: A Demographic Portrait." In: *American Jewish Yearbook*. Milton Himmelfarb & David Singer, Eds. The American Jewish Committee/The Jewish Publication Society of America. New York. 1986:129.

[6] Kress, George H. "The Public Health of our City During the Last Five Years." In: *Southern California Practitioner*. Vol. XXI, No. 12:600. December 1906.

[7] Ibid.:599.

[8] Kaspare Cohn, born in Prussia in 1839, was a member of the pioneering Newmark family and immigrated to the United States around 1859. Initially, he worked for his uncle Harris Newmark. He married his first cousin, Hulda Newmark, and was also related to Jacob Schlesinger's wife. He then established K. Cohn & Co., a firm dealing in the sales of wool and hides. This business evolved into the Kaspare Cohn Commerical & Savings Bank (1914), later to become Union Bank and Trust Co. (1918).

[9] For a complete biography please refer to: Dr. William Kramer. "Kaspare Cohn: A Man Who Helped Make South California." In: *Western States Jewish Historical Quarterly*. Vol. XXIII, No. 3:195-211. April 1991. Vol. XXIII, No. 4:324-343. July 1991.

[10] Kramer, William. "The Study of Los Angeles Jewish History." In: *Western States Jewish Historical Quarterly*. Vol. III, No. 1:43-44. October 1979.

[11] Op. Cit.:332.

[12] *B'nai B'rith Messenger*. May 30,1902.

[13] *B'nai B'rith Messenger*. July 23, 1909.

[14] *Los Angeles Herald*. Sept. 22, 1902:10.

[15] Ibid.

[16] Op. Cit.

[17] Cedars of Lebanon *Compass*. May 1958:2.

[18] *B'nai B'rith Messenger*. Feb. 12, 1909.

[19] *B'nai B'rith Messenger*. Nov. 19, 1902.

[20] Kress, George H., M.D. "The Public Health of Our City During the Last Five Years." In: *Southern California Practitioner*. Vol. XXI, No. 12:597-606. December 1906.

[21] *B'nai B'rith Messenger*. Jan. 17, 1908.

[22] *B'nai B'rith Messenger*. Jan. 11, 1907.

[23] Op. Cit.

[24] *B'nai B'rith Messenger*. Aug. 30, 1909.

[25] *B'nai B'rith Messenger*. Feb. 12, 1909.

[26] Editorial Notes. *Southern California Practitioner*. Vol. XXIV, No. 10:553. December 1909.

[27] *B'nai B'rith Messenger*. April 22, 1910.

[28] *B'nai B'rith Messenger*. May 13, 1910.

[29] *B'nai B'rith Messenger*. Jan. 14, 1910.

[30] *B'nai B'rith Messenger*. June 24, 1910.

[31] *B'nai B'rith Messenger*. Sept. 29, 1911.

[32] *B'nai B'rith Messenger*. Jan. 11, 1911.

[33] *B'nai B'rith Messenger*. Jan. 19, 1912.

[34] Vorspan, Max and Lloyd P. Gartner. *History of the Jews in Los Angeles*. Henry E. Huntington Library and Art Gallery. San Marino, California. 1970:179-180.

[35] Not to be overlooked is the fact that Ben Meyer was a founding member and president of the Federation of Jewish Charities. According to these authors, the Federation was "conspicuously an institution of the older acculturated Jewish community."

[36] *B'nai B'rith Messenger*. Jan. 19, 1912.

[37] *B'nai B'rith Messenger*. July 12, 1912.

[38] *B'nai B'rith Messenger*. Jan. 17, 1913.

[39] Ibid.

[40] *B'nai B'rith Messenger*. Jan. 17, 1914.

[41] Op. Cit.

[42] Ibid.

[43] Vorspan, Max and Lloyd P. Gartner. *History of the Jews of Los Angeles*. The Huntington Library and Art Gallery. San Marino, California. 1970:180-182.

[44] *B'nai B'rith Messenger*. Feb. 4, 1916.

[45] *B'nai B'rith Messenger*. Nov. 28, 1919.

[46] McAdams, Marylin Sibley. "The 1918 Influenza Epidemic." In: *Southern California Practitioner*. Vol. XXXIV, No. 1:20. January 1919.

[47] *B'nai B'rith Messenger*. April 29, 1921.

Chapter 2 Footnotes

[1] *B'nai B'rith Messenger*. April 29, 1921.

[2] Phillips, Bruce. "Los Angeles Jewry: A Demographic Portrait." In: *American Jewish Yearbook*. Milton Himmelfarb & David Singer, Eds. The American Jewish Committee/The Jewish Publication Society of America. New York. 1986:127-133.

[3] Vorspan, Max and Lloyd P. Gartner. *History of the Jews of Los Angeles*. The Huntington Library and Art Gallery. San Marino, California. 1970:115.

[4] Ibid.

[5] Phillips, Bruce. "Los Angeles Jewry: A Demographic Portrait." In: *American Jewish Yearbook*. Milton Himmelfarb & David Singer, Eds. The American Jewish Committee/The Jewish Publication Society of America. New York. 1986:127-133.

[6] Vorspan, Max and Lloyd P. Gartner. *History of the Jews of Los Angeles*. The Huntington Library and Art Gallery. San Marino, California. 1970:115.

[7] Ibid.:173-174.

[8] Groman's co-founders were Louis Glasband, H.A. Rabinowitz, I. Zola and Harry Lyons. *Mount Sinai Year Book*. Jacob J. Meltz, Ed. Associated Organizations of Los Angeles. Los Angeles, California. 1946:36.

[9] Ibid.

[10] *B'nai B'rith Messenger*. Jan. 20, 1922.

[11] *B'nai B'rith Messenger*. Jan. 27, 1922.

[12] *B'nai B'rith Messenger*. Sept. 22, 1922.

[13] *B'nai B'rith Messenger*. March 9, 1923.

[14] The address is given as 831 Richard Street and was later changed to North Bonnie Beach Place, Belvedere.

[15] *B'nai B'rith Messenger*. Nov. 2, 1923.

[16] The twelve physicians were: Drs. Phoebus Berman; A. Gottleib; Henry Herbert; H.P. Jacobson; Nahum Kavinoky; Henry Leviton; Abraham Metzner; Leon Meyers; L.G. Reynolds; Aaron Rosanoff; Moses Scholtz and Leon Schulman.

[17] *B'nai B'rith Messenger*. Aug. 7, 1925.

[18] *Who is Who in Sponsoring Mt. Sinai Hospital and Clinic Annual Directory*. Associated Organizations of Los Angeles. Los Angeles, California. 1945:8.

[19] *B'nai B'rith Messenger*. Aug. 14, 1925.

[20] *B'nai B'rith Messenger*. Nov. 20, 1925.

[21] *B'nai B'rith Messenger*. Nov. 13, 1925.

[22] *B'nai B'rith Messenger*. June 11, 1926.

[23] *B'nai B'rith Messenger*. June 18, 1926.

[24] Ibid.

[25] *B'nai B'rith Messenger*. Sept. 17, 1926.

[26] *B'nai B'rith Messenger*. July 30, 1926.

[27] *B'nai B'rith Messenger*. Nov. 12, 1926.

[28] *B'nai B'rith Messenger*. May 17, 1929.

[29] *B'nai B'rith Messenger*. Feb. 5, 1926.

[30] *B'nai B'rith Messenger*. Oct. 22, 1922.

[31] *B'nai B'rith Messenger*. Dec. 12, 1926.

[32] *B'nai B'rith Messenger*. Jan. 13, 1928.

[33] *B'nai B'rith Messenger*. Feb. 3, 1928.

[34] *B'nai B'rith Messenger*. June 1, 1928.

[35] According to Dr. Gelya Frank, associate professor of Occupational Therapy at the University of Southern California, during the 1920s the term "incurable" fell into disuse in medical circles as occupational and rehabilitation therapies became widely accepted.

[36] *B'nai B'rith Messenger*. March 29, 1929.

[37] *B'nai B'rith Messenger*. April 19, 1929.

[38] *B'nai B'rith Messenger*. Aug. 23, 1929.

[39] *B'nai B'rith Messenger*. Dec. 20, 1929.

[40] *B'nai B'rith Messenger*. Dec. 27, 1929.

[41] *B'nai B'rith Messenger*. May 17, 1929.

[42] *B'nai B'rith Messenger*. March 7, 1930.

[43] *B'nai B'rith Messenger*. April 4, 1930.

[44] *B'nai B'rith Messenger*. Dec. 12, 1930.

[45] *B'nai B'rith Messenger*. July 4, 1930.

Chapter 3 Footnotes

[1] *B'nai B'rith Messenger*. April 29, 1921.
[2] Ibid.
[3] *B'nai B'rith Messenger*. Feb. 15, 1924.
[4] Vorspan, Max and Lloyd. P. Gartner. *History of the Jews of Los Angeles*. The Huntington Library and Art Gallery. San Marino, California. 1970:183.
[5] *B'nai B'rith Messenger*. Oct. 3, 1924.
[6] Ibid.
[7] Ibid.
[8] *B'nai B'rith Messenger*. May 29, 1925.
[9] Vorspan, Max and Lloyd. P. Gartner. *History of the Jews of Los Angeles*. The Huntington Library and Art Gallery. San Marino, California. 1970:183.
[10] *B'nai B'rith Messenger*. Feb. 2, 1926.
[11] *B'nai B'rith Messenger*. Dec. 10, 1926.
[12] *B'nai B'rith Messenger*. Feb. 18, 1927.
[13] *B'nai B'rith Messenger*. March 7, 1923.
[14] *B'nai B'rith Messenger*. Feb. 18, 1927.
[15] Ibid.
[16] *B'nai B'rith Messenger*. March 19, 1927.
[17] *B'nai B'rith Messenger*. Dec. 14, 1928.
[18] In 1930, the Kaspare Cohn Hospital on Whittier Boulevard was leased to the W. K. Kellogg Foundation. After renovations were completed, the building was used for cancer research.
[19] *B'nai B'rith Messenger*. April 19, 1929.
[20] Ibid.
[21] *B'nai B'rith Messenger*. Aug. 2, 1929.
[22] *B'nai B'rith Messenger*. Feb. 7, 1930.
[23] *B'nai B'rith Messenger*. Feb. 21, 1930.
[24] *B'nai B'rith Messenger*. April 25, 1930.
[25] *B'nai B'rith Messenger*. May 9, 1930. This dedicatory issue offers a detailed description of the hospital's architecture.
[26] Ibid.
[27] *B'nai B'rith Messenger*. May 16, 1930. Unfortunately, Ben Meyer and Rabbi Lissauer were unable to attend the dedication ceremonies.
[28] Ibid.

Chapter 4 Footnotes

[1] Davis, Mike. *City of Quartz: Excavating the Future in Los Angeles*. Vintage Books. New York. 1992:37.
[2] Vorspan, Max and Lloyd P. Gartner. *History of the Jews of Los Angeles*. The Huntington Library and Art Gallery. San Marino, California. 1970:193.
[3] Ibid.
[4] Starr, Paul. *The Social Transformation of American Medicine*. Basic Books. 1982:270.
[5] Ibid.:197.
[6] *B'nai B'rith Messenger*. Jan. 15, 1932.
[7] *B'nai B'rith Messenger*. Sept. 2, 1932.
[8] *B'nai B'rith Messenger*. April 13, 1934.
[9] *The Fabulous Century*. Time-Life Books. New York. 1969:24.
[10] Op. Cit.
[11] *B'nai B'rith Messenger*. Nov. 2, 1934. Twenty-five physicians donated time to Mt. Sinai. These were H.P. Jacobson, MD, chief of staff, Leo J. Adelstein, MD, Boris Arnov, MD, Louis Folger, MD, M.H. Field, MD, Edward A. Franklin, MD, Adelbert Frisch, MD, A. Gottlieb, MD, Benjamin S. Hollombe, MD, Benjamin Katz, MD, Charles Keltz, MD, H.I. Leiton, MD, B.M. Lieberman, MD, A. Lipkin, MD, S.I. Movitt, MD, A. Victor Nasatir, MD, Harry S. Penn, MD, M.H. Rabwin, MD, George J. Saylin, MD, Gabriel Segall, MD, Rachell Seletz, MD, Samuel Sweezy, MD, I.A. Wallach, MD, Sydney Weinberg, MD, and David Yaker, MD. Three dentists were also on staff: A.M. Rosenbaum, DDS, Nathan A. Snyder, DDS, and G. Ned Tanenbaum, DDS.
[12] *B'nai B'rith Messenger*. Jan. 22, 1937.
[13] Meltz, Jacob J., Ed. *Mount Sinai Year Book*. Associated Organizations of Los Angeles. Los Angeles, California. 1946.
[14] *B'nai B'rith Messenger*. Jan. 20, 1939. Among the team's authorities were: Phoebus Berman, MD, medical director, Los Angeles General Hospital; H. W. Heerman, general superintendent, California Hospital; Nathan Levin, MD, former director, Los Angeles Clinics; Lillian Lubin, director, Cedars of Lebanon Clinic; H.P. Jacobson, MD, chief of staff, Mt. Sinai; Dr. Pratt, White Memorial Hospital; Margaret Coleman, director, Good Hope Hospital Clinic; Verna Bowman, Huntington Memorial Hospital and Lenore Rubinow, social service director, Cedars of Lebanon Hospital.
[15] *B'nai B'rith Messenger*. Nov. 8, 1940.
[16] *B'nai B'rith Messenger*. July 31, 1942.
[17] *B'nai B'rith Messenger*. Jan. 8, 1943.
[18] *B'nai B'rith Messenger*. Aug. 22, 1943.
[19] *B'nai B'rith Messenger*. July 13, 1945.
[20] Vorspan, Max and Lloyd P. Gartner. *The History of Jews in Los Angeles*. The Huntington Library and Art Gallery. San Marino, California. 1970:225-230.
[21] Starr, Paul. *The Social Transformation of American Medicine*. Basic Books. 1982:336-337.
[22] *B'nai B'rith Messenger*. March 29, 1946.
[23] Personal interview with the author. June 19, 1992.
[24] Personal interview with the author. July 27, 1992.
[25] *B'nai B'rith Messenger*. July 4, 1947.
[26] Personal interview with the author. Sept. 1, 1992.
[27] *B'nai B'rith Messenger*. Aug. 20, 1948.

Chapter 5 Footnotes

[1] Starr, Paul. *The Social Transformation of American Medicine.* Basic Books. 1982:270-271.

[2] Ibid.:270.

[3] Personal interview with the author. July 29, 1992.

[4] *B'nai B'rith Messenger.* Dec. 26, 1930.

[5] Reynolds, Josephus, M.D. "The Teaching Program: Division of Medicine Reminiscences and Reflections." In: *Cedars-Sinai Medical Center Staff News.* September-October 1980. Vol.15: No. 4.

[6] Personal interview with the author. July 19, 1992.

[7] *B'nai B'rith Messenger.* Dec. 30, 1932.

[8] *B'nai B'rith Messenger.* Jan. 4, 1935.

[9] Vorspan, Max and Lloyd P. Gartner. *The History of the Jews of Los Angeles.* The Huntington Library and Art Gallery. San Marino, California. 1970:199.

[10] *B'nai B'rith Messenger.* Jan. 20, 1939.

[11] *B'nai B'rith Messenger.* Jan. 26, 1940.

[12] *B'nai B'rith Messenger.* Jan. 23, 1942.

[13] Personal interview with the author. Oct. 2, 1992.

[14] *B'nai B'rith Messenger.* March 26, 1943.

[15] *Los Angeles Times.* June 28, 1943:1A.

[16] In 1945, the Volunteer Workers organized a program of volunteer nurses' aides, chaired by Mrs. Belle Mintz. Thirty class-hours of training were required and covered such areas as temperature taking, making beds and giving patient baths. The first class of 14 aides, wearing their official white and navy uniforms, graduated in September of the same year. Volunteers have remained a vital part of patient care ever since.

[17] Starr, Paul. *The Social Transformation of American Medicine.* Basic Books. 1982:342-343.

[18] *Los Angeles Times.* Nov. 18, 1945.

[19] "The United Hospital Survey." In: *The Bulletin of the Los Angeles County Medical Association.* Los Angeles, California. May 15, 1947:545.

[20] Later, these funds would be supplemented by the Beaumont Trust, Balaban Fund and many smaller donations earmarked for experimental research.

[21] *Quest.* Summer 1989:4 and *B'nai B'rith Messenger.* Dec. 14, 1945.

[22] *Los Angeles Times.* April 19, 1948.

[23] *B'nai B'rith Messenger.* April 8, 1949.

[24] *B'nai B'rith Messenger.* July 16, 1948.

[25] An April 11, 1946 article in the *Los Angeles Times*, referred to Cedars of Lebanon Hospital as the city's first hospital to be picketed by the A.F.L. Registered Nurses and First-Aid Men's and Women's Union. Twelve union members, six of whom were Cedars' nurses, requested the hospital's administration for recognition.

Chapter 6 Footnotes

[1] Vorspan, Max and Lloyd P. Gartner. *History of the Jews in Los Angeles*. The Huntington Library. San Marino, California. 1970:231.

[2] Davis, Mike. *City of Quartz: Excavating the Future of Los Angeles*. Vintage Books. New York. 1992:125.

[3] Vorspan, Max and Lloyd P. Gartner. *History of the Jews in Los Angeles*. The Huntington Library. San Marino, California. 1970:231.

[4] Phillips, Bruce. "Los Angeles Jewry: A Demographic Portrait." In: *American Jewish Year Book*. 1986:134-135.

[5] Personal interview with the author. Dec. 16, 1992.

[6] By the end of 1952, the roster of prominent fundraisers had grown considerably: William G. Bonelli, Louis M. Halper, Ike Greenberg, Alfred Hart, Harry Karl, Sid Levine, Mike Lyman, Harpo Marx, Lester Roth, Emil Brown, Aaron Riche, Jacob Simon, Max Mark, Phil Goldstone and eventually hundreds of others.

[7] *B'nai B'rith Messenger*. Sept. 5, 1952.

[8] Feeley, Ralph. *History of Sherman Junction*. ms. 1994.

[9] *Los Angeles Times*. Sept. 13, 1953. Because the Levine gift straddled Los Angeles City and Los Angeles County property, annexation proceedings were initiated to bring eight lots (1.5 acres) of county territory into the City's service jurisdiction.

[10] *B'nai B'rith Messenger*. Oct. 16, 1953. Others on the committee included: Dr. Samuel F. Abraham, Alex Rogers, Samuel C. Azen, Nathan Barshop, Frederick Bergstrom, Henry Bodner, Harold Harris, E. Craig Heringman, Moris Horowitz, Maurice L. Lazarus, Sidney D. Leo, Max A. Levine, Max Lomas, Phillip M. Marcus, Eugene Melinkoff, Sidney D. Mestrow, Morris Pies, Maurice S. Priver, Alice Schiff and Bernard Silver.

[11] It is alleged that Meyer Schuman's $50,000 contribution assured the opening according to schedule.

[12] Freely, Ralph. *A History of Sherman Junction*. ms. 1994.

[13] A major portion of the program was funded by a $250,000 Ford Foundation Grant.

[14] Personal interview with the author. Nov.9, 1992. Ms. Pindler served under Miss Dorothy Kramer, Director of Nursing, and Walter Metzger, administrator of the new Mt. Sinai.

[15] Personal interview with the author. Sept. 19, 1992.

[16] Personal interview with Dr. Sidney Soll by Dr. Edward Shapiro. Dec. 2, 1990.

[17] "CSMC Research Pioneers: Impacting the Nation and the World. In: *Quest*. Summer 1989. Vol.1,No.1:4.

[18] Other major donors included the Mrs. Henry Jaffee, Mrs. Anna Grancell and the Benefactors, a group of prominent men and women in the Southern California fashion industry. A matching $216,342 grant from the National Institutes of Health financed the completion of the interiors of the three upper floors.

[19] *B'nai B'rith Messenger*. Sept. 8, 1950.

[20] *Los Angeles Times*. Nov. 2, 1952.

[21] Dr. Abowitz was later reinstated as a member of the Cedars-Sinai Staff according to an article in *Cedars-Sinai Medical Staff News*. Nov./Dec. 1980:3.

[22] Vorspan, Max and Lloyd P. Gartner. *History of the Jews of Los Angeles*. The Huntington Library. San Marino, California. 1970:345:Ch 18:note 6.

[23] *B'nai B'rith Messenger*. Jan. 25, 1952. A year later, four more doctors were dropped from the Cedars' staff without hearings or charges. Their cause was also taken up by the Committee for Medical Freedom.

[24] Personal interview with the author. Dec. 7, 1992.

[25] Some believe that the 1953 departure of Research Director Dr. Harry Goldblatt and his colleague Dr. Irwin Hass can be linked to his moral indignation with "the Cedars Case," as it was known at the time. Others believe that mounting pressure from militant anti-vivisectionists, including a shot-gun blast through the window of the Goldblatt home, was the last straw that drove him back to Cleveland.

[26] Starr, Paul. *The Social Transformation of American Medicine*. Basic Books: 1982:359.

[27] Kutzmann, Adolph A., M.D. Remembrances of Cedars of Lebanon Hospital, Division of Urology:1930-1976. In: *Cedars-Sinai Medical Center Staff News*. November/December 1980:2.

[28] Personal interview with the author. June 16, 1992.

[29] Personal interview with the author. Aug. 11, 1992.

[30] Personal interview with the author. July 30, 1992.

[31] The considerable talent and resources of the following voluntary organizations, many of which were chaired by the wives of men serving as the hospital's Trustees, were indispensable: Clinic Volunteers, Jr. Helping Hand, Helping Hand, Helping Hand Associates, Women's Council, Children's Aid Guild, Kiddies Clothes Club, Social Aid Group, United Hostesses, United True Sisters, Julia Ann Singer Day Nursery, Women's Guild and Men's Council.

[32] *B'nai B'rith Messenger*. Jan. 25, 1957.

[33] *B'nai B'rith Messenger*. May 9, 1958.

[34] Cedars of Lebanon *Compass*. May 1959:3.

Chapter 7 Footnotes

[1] Personal interview with the author. June 29, 1992.

[2] Littauer, David, M.D. "The Cedars-Sinai Medical Center Merger." Talk delivered at the 20th Anniversary Symposium of the St. Louis University Graduate Program in Hospital Administration. Oct. 1968.

[3] Personal interview with the author. Feb. 27, 1995.

[4] Cedars of Lebanon *Compass*. March 1961. Vol. 5: No. 3:1

[5] Through attrition, this unwieldy number has been gradually reduced over the years to the current number of 39 voting members.

[6] Personal interview with the author. June 17, 1992.

[7] Personal interview with the author. June 13, 1995.

[8] Littauer, David, "The Cedars-Sinai Medical Center Merger." Talk delivered at the 20th Anniversary Symposium of the St. Louis University Graduate Program in Hospital Administration. Oct. 1968.

[9] Blumberg, Mark S., M.D. *Future Facility Needs for Cedars-Sinai*. Stanford Research Institute. Menlo Park, California. September 1962:7-9.

[10] Personal interview with the author. Jan. 25, 1993.

[11] Personal interview with the author. Oct. 20, 1992.

[12] Personal interview with the author. Jan. 13, 1993.

[13] Andler, Maxwell M., Jr. M.D. "Annual Report 1963." In: *The Mt. Sinai Hospital Division Medical Staff Bulletin*. Los Angeles, California. December 1963: Vol. IX: No. 7:4.

[14] Personal interview with the author. Feb. 19, 1993.

[15] The following paragraph is based on information contained in Paul Starr's book *The Social Transformation of American Medicine*. BasicBooks. 1982. Book Two: Chapter 3.

[16] Personal interview with the author. Jan. 25, 1992.

[17] *Los Angeles Times*. Jan. 22, 1963.

[18] Personal interview with the author. No date.

[19] *Los Angeles Times*. March 21, 1976:II:3:1.

[20] *Cedars-Sinai Medical Staff News*. Sept. 1966. Vol 2: No. 7:2.

[21] Cedars of Lebanon *Compass*. Sept. 1967:2.

[22] Personal interview with the author. Nov. 15, 1994.

[23] In 1969, Drs. Sidney Grant and Mark Stern, both Cedars physicians, were the first orthopedists in Los Angeles to perform T.H.R.

[24] Information contained within "A Harvest of Achievements" is drawn from the following sources: *Quest*, Summer 1989 Vol.1: No.1. *Quest*, Winter 1991 Vol.3: No. 2.

[25] Personal interview with the author. Dec. 1, 1994.

Chapter 8 Footnotes

[1] A purchase for the amount of $5.5 million dollars by the Church of Scientology wouldn't be concluded until late 1976.

[2] Diedrichs, Gary. *Always There: The Story of Steve Broidy's Devotion to Cedars-Sinai Medical Center.* Cedars-Sinai Medical Center: 1980:31. Diedrichs' excellent biography of the late Steve Broidy has greatly informed the content of this chapter. I am much indebted to his research and keen observations.

[3] Ibid.

[4] Broidy would serve as president until 1979, when the office became a part of the full-time professional staff.

[5] Op.Cit.:33-35.

[6] Personal interview with the author. Feb. 23, 1995.

[7] Op.Cit.:34. Massachusetts Mutual was a third party to the arrangement, but ultimately declined to participate.

[8] Ibid.

[9] Personal interview with the author. Feb. 2, 1995.

[10] Personal interview with the author. Jan. 12, 1995.

[11] Nevertheless, certain expenditures were inevitable as delays continued. A full air-conditioning system was installed at Mt. Sinai and multi-storied parking structure was begun at Cedars. An additional intensive care unit was added at Cedars in late 1972.

[12] *Los Angeles Times*. March 21, 1976:II:1:4.

[13] Ibid.:p.3:1

[14] *Los Angeles Times*. March 21, 1976: II:1:4.

[15] "Special Message to the Congress on Mental Illness and Mental Retardation February 5, 1963." Public Papers of the President John F. Kennedy, 1963, 126, 128.

[16] The concept of self-contained floors proved impractical in practice and within a couple of years after the Medical Center's opening, many operations were combined.

[17] Cedars-Sinai Medical Center *Compass*. Spring 1973:36.

[18] *Los Angeles Times*: Dec. 25, 1976:IV:1.

[19] Op. Cit.

[20] Personal interview with the author. March 17, 1995.

[21] Ibid.

[22] Personal interview with the author. March 20, 1995.

[23] Cedars-Sinai Medical Center *Compass*. February/March 1993:4. According to Gary Diedrichs' *Always There*, the relationship between CSMC and the McKee firm was to end in multi-million dollar lawsuits that were settled out of court.

[24] Cedars-Sinai Medical Center *Compass*. April/May 1973.

[25] Personal interview with the author. Feb. 10, 1995.

[26] Personal interview with the author. March 1, 1995.

[27] Personal interview with the author. Feb. 27, 1995.

[28] *Los Angeles Times*. June 7, 1976:I:3.

Chapter 9 Footnotes

[1] For a complete discussion of this topic please refer to: Paul Starr. *The Transformation of American Medicine*. Basic Books. 1982: Book 2, Chapter 4.

[2] Ibid: 406.

[3] The rest of the information contained in the introduction is based on Paul Starr's *The Logic of Health Care Reform*. Penguin Books. 1992.

[4] Within months of its official opening, Cedars-Sinai received the maximum two-year accreditation from the Joint Commission on Accreditation of Hospitals, as well as a commendation by the Department of Health, Education and Welfare in a validation survey.

[5] Personal interview with the author. Aug. 6, 1996.

[6] All the previous figures are based on the *Cedars-Sinai Medical Center Report to the Community* Dec. 1977:1.

[7] To accommodate future need, plans were drawn for two additional floors to the professional tower and a third separate tower at the south end of the campus.

[8] Personal interview with the author. Aug. 1, 1996.

[9] The rabbi's position was funded in full by the Jewish Federation-Council.

[10] Op.Cit.

[11] A kosher kitchen was opened at Cedars-Sinai in 1979, supervised by the Rabbinical Council of California and was the only facility of its kind in a general hospital in Southern California. In spring 1982, over 1,000 mezuzot were donated by Sharon and Herb Glaser and affixed to the doorpost of each patient room and hospital department throughout the Medical Center.

[12] For a more detailed account of the history of medical education at Cedars-Sinai, please see *Compass*, Fall 1980:18.

[13] Personal interview with the author. July 9, 1996.

[14] Today, volunteers serve in more than 300 locations throughout the Medical Center, from the Emergency Department to the AIDS and Immune Disorders Center. Depending on their service location, they are provided with additional training above and beyond the standard preparation. A volunteer working in the AIDS Center will receive 24 extra hours of training; one helping out in Pediatrics will receive an extra 16, and so on.

[15] *Report to the Community.* Dec. 15, 1981.

[16] Starr, Paul. *The Logic of Health Care Reform.* Penguin Books. 1992:2-3.

[17] DRGs specified the ceiling reimbursement for a menu of ailments, no matter if the patient stayed for one or 20 days or had one or 100 tests. Hospitals, unlike doctors, had no choice as to whether they would accept the Medicare assignment. The double bind was this: If a hospital provided the highest level of care, as did Cedars-Sinai, it also stood to lose millions of dollars in revenues on discounted fees annually.

[18] Ted Cummings' tenure lasted only briefly before he was appointed U.S. ambassador to Austria by President Reagan. Board of Directors Minutes. Dec. 15, 1980:9-10.

[19] Personal interview with the author. Aug. 6, 1996.

[20] Personal interview with the author. July 9, 1996.

[21] Personal interview with the author. June 26, 1996.

[22] Report on Administration 1981.

[23] Personal interview with the author. July 31, 1996.

[24] Personal interview with the author. June 27, 1996. Board of Directors Minutes. Dec. 13, 1983. *The Report to the Community*. Dec. 11,1984.

[25] Personal interview with the author. June 27, 1996.

[26] Summary of 1986 Activities of the Finance Committee: II-13. The Medical Center's long-term debt was refinanced at a lower rate of interest. Profits were automatically plowed back into new programs and services.

[27] The Becker Building was completed in July 1988 and dedicated Sept. 23 of the same year.

[28] Board of Directors minutes. Dec. 9, 1986:6. Also see footnote 4.

[29] Report by Ernest J. Friedman, Chairman of the Board. Board of Directors Annual Meeting. Dec. 8, 1987:7.

[30] Annual report of President Stuart J. Marylander. Dec. 9, 1986:I-1.

[31] 1987 Annual Report: Operations. Dec. 8, 1987.

[32] Personal interview with the author. Aug. 21, 1996.

[33] Board of Directors Annual Meeting. Dec. 13, 1988.

[34] Annual report of President Stuart J. Marylander. Dec. 13, 1988. All the data in this paragraph is based on information in this report.

[35] Personal interview with the author. Nov. 8, 1993.

[36] Annual report of President Sheldon S. King. Dec. 12, 1989.

[37] Annual report of Ernest J. Friedman, Chairman of the Board. Dec. 12, 1989.

Chapter 10 Footnotes

[1] Koop, C. Everett, M.D. "Manage With Care." In: *Time* magazine. Fall 1996:96.

[2] Matloff, Jack, M.D. "The Practice of Medicine in the Year 2010." In: *Annals of Thoracic Surgeons.* 1993:55:1322.

[3] "State Population Rises 571,000 with Southland in Lead." *Los Angeles Times.* May 4, 2000, part A, p.3.

[4] Between 1980 and 1990, a record 2 million people, largely immigrants from all over the world, had made the county their home. "L.A.'s Turn as Urban Laboratory." *Los Angeles Times.* Dec. 11, 1991, part A, p.1.

[5] "Southland Hospitals Seriously Ill." *Los Angeles Times.* Aug. 30, 1993, part D, p.1.

[6] "Firms See 'Managed Care' as Remedy to Medical Costs." *Los Angeles Times.* Sept. 29, 1991, part A, p. 1.

[7] "Southland Hospitals Seriously Ill." *Los Angeles Times.* Aug. 30, 1993, part D, p.1.

[8] *Master Plan: Questions and Answers.* June 1991.

[9] Annual Report of Joseph N. Mitchell, Chairman of the Board of Directors. Dec. 10, 1991:4.

[10] Extending Medical Excellence Into the 21st Century. Cedars-Sinai Public Relations brochure circa 1990-1992:1.

[11] Summary of Planning Committee Meeting. June 5, 1991:4.

[12] Personal interview with the author. Sept. 6, 1996.

[13] *CurrentLines.* July/August 2000:1.

[14] Personal review by Larry Colvin, vice president of Facilities Planning, Design and Construction and Craig Semingson, MFP/Planning & Design manager.

[15] Community Relations Department Presentation. Board of Directors' Meeting. Oct. 1, 1991.

[16] *Compass.* Winter 1992:34.

[17] Ibid:35.

[18] *Compass.* Summer 1995:6.

[19] Board of Director Minutes. Oct. 20, 1997:4. This generous donation brought the S. Mark Taper Foundation Imaging Center into being.

[20] *Compass.* Fall/Winter 1996-1997.

[21] Personal interview with the author. March 18, 2000.

[22] *Compass.* Summer 1997:5.

[23] 2000 *Report to the Community*:22.

[24] *Compass.* Summer/Fall 1999:14.

[25] "Southland Hospitals Seriously Ill." *Los Angeles Times.* Aug. 30, 1993, part D, p. 1.

[26] Ibid.

[27] *LifeLines.* January/February 1992:3.

[28] *LifeLines.* May/June 1993:7.

[29] *LifeLines.* July/August 1993:3.

[30] "Report to Employees." *LifeLines.* October 1993:3.

[31] *CurrentLines.* Feb./March 1998:1.

[32] "Report to Employees." *LifeLines.* November/December 1993:3. Seven hundred positions, at all levels, of the more than 7,000 Medical Center employees were affected

[33] *LifeLines.* April/May 1992:14-21.

[34] *LifeLines.* June 1992:14.

[35] *LifeLines.* August 1992:3.

[36] Annual Report of Joseph N. Mitchell, Chairman of the Board of Directors. Dec. 8, 1992:2.

[37] Personal communication with Marilyn Sharpe, senior vice president of Human Resources and Organization Development. March 2, 2001.

[38] *LifeLines.* Feb./March 1994:4.

[39] Resolution of the Board of Directors of Cedars-Sinai Medical Center. June 26, 1995.

[40] "3 Hospitals to Receive $459 Million in Quake Aid." *Los Angeles Times.* March 12, 1996, part B, p.1.

[41] *Compass.* Spring 1994:2.

[42] Technically, an IHCDS that is vertically integrated provides primary care physicians and specialists who are members of a physician organization for managed care, rehabilitation services and facilities, long-term care facilities, home health care and hospice services, and an acute care hospital. One that is horizontally integrated, as well, must develop regional alliances with appropriate hospitals and medical groups.

[43] Report of Thomas M. Priselac, President/CEO. Annual Board of Directors Meeting. Dec. 10, 1996:1.

[44] In the latter 1990s, there was a concerted effort to involve younger people in the governance of CSHS. By 1999, five new, younger members were added to the Board of Directors, increasing the total to 40.

[45] Personal interview with the author. Nov. 29, 2000.

[46] The following discussion is based on the author's personal interview with Dr. Michael Langberg, senior vice president of Medical Affairs and chief medical officer. Aug. 18, 2000.

[47] *LifeLines.* "Report to Employees." March 1992:3.

[48] *LifeLines.* April 1994:14.

[49] *LifeLines.* April 1994:14.

[50] "Cedars-Sinai Finalizes Acquisition of GMVC." *CurrentLines.* January 1997:1.

[51] Personal interview with the author. Aug. 18, 2000.

[52] Personal interview with the author. Sept. 4, 2000.

[53] "Nine Hospitals Form Health Care Network." *Los Angeles Times.* Sept. 20, 1994, part D, p.1.

[54] The other hospitals included: Anaheim Memorial Hospital, Saddleback Memorial Medical Center, Pomona Valley Hospital Medical Center, Presbyterian Intercommunity Hospital, Methodist Hospital of Southern California and Valley Presbyterian Hospital.

[55] Testament Health Care, a more recent revival of the same concept, involves a different mix of providers: St. John's Health Center, Daniel Freeman Hospital and Little Company of Mary. As of this writing, Testament Health Care has yet to get off the ground.

[56] Zynx Health, Inc. Brochure. 2000.

[57] "CSMC/Tenet Agreement Continues Due Diligence Phase: Deal May Be Concluded by Year's End." *CurrentLines.* October/November 1997:1.

[58] "Hospital Management Deal Collapses." *Los Angeles Times.* April 3, 1998, part D, p.1. The snag involved this: Tenet managed the two hospitals, but did not own the Century City Medical Center building. When Cedars-Sinai was unable to reach an acceptable

agreement with the company that did, the leadership declined to proceed.

[59] According to this article, Cedars-Sinai was approached by Columbia/HCA Health Care Corporation and Tenet Health Care Corporation for acquisition. In: "Cedars Sinai May Lease 2 Tenet Hospitals." *Los Angeles Times*. Sept. 23, 1997, part D, p.1.

[60] Personal interview with the author. Nov. 9, 2000.

[61] Formerly named the Cedars-Sinai Research Institute, this facility was renamed in 1997 to honor George Burns' and Gracie Allen's extraordinary philanthropy to the Medical Center.

[62] Personal interview with the author. Oct. 19, 2000.

[63] "CSMC Research: Managed Care Trends." *Compass*. Spring 1994:4.

[64] "Campaign for the 21st Century." *Compass*. Summer 1997.

[65] *1999 Report to the Community*:8.

[66] Personal communication with Dan Oshiro, vice president for Research. Burns & Allen Research Institute.

[67] Priorities supplied to author by Dr. Melmed's office. Oct. 19, 2000.

[68] *A Report of Accomplishments 1994-1998*. Burns & Allen Research Institute. Cedars-Sinai Medical Center:2.

[69] *Compass*. Winter 1998/1999:5.

[70] *Compass*. "Medical Education: A Change in Focus." Spring 1994:5.

[71] Personal interview with the author. Oct. 19, 2000.

[72] These data were provided to the author by Dr. Shlomo Melmed's office.

[73] *Compass*. Summer 1998:6. Complete with computerized tracking systems and radiography, wireless phone communication, and an on-site lab, the Emergency Department is twice its previous size and is nothing less than a state-of-the-art facility.

[74] Personal communication with Edward M. Prunchunas, senior vice president for Finance, chief financial officer and treasurer. Audit Financial Statement 1995:10.

[75] Personal communication with Edward M. Prunchunas, senior vice president for Finance, chief financial officer and treasurer. Audit Financial Statement 1999:11.

[76] "C.O.A.C.H. Rolls Out Mobile Medical Unit Component of Community." *Compass*. Spring 1994.

[77] *2000 Report to the Community*. In 1997, Cedars-Sinai President and CEO Thomas M. Priselac initiated the formation of the Western Area Community Benefits Consortium (WACBC). The top executives of the five mentioned hospitals joined with those of Cedars-Sinai to amplify the planning process.

[78] Personal interview with the author. Sept. 9, 2000.

[79] Personal interview with the author. Oct. 30, 2000.

[80] *CurrentLines*. August/September 1999:4/5.

[81] Personal interview with the author. Oct. 19, 2000. According to Dr. Langberg, Cedars-Sinai participates in organizations such as Institute for Health Care Improvement and the Quality Management Network. These organizations develop collaboratives of providers across the nation that exchange information and experiences aimed at improving the quality of patient care processes.

[82] *CurrentLines*. February/March 1998:1.

[83] Personal interview with the author. Aug. 21, 2000.

[84] According to Dr. Langberg (personal communication Jan. 25, 2001), CSHS' Transplantation Program entered into a temporary cooperative arrangement with the UCLA Liver Disease and Transplant Program in 1995, but has been autonomous since 2000.

[85] *1999 Report to the Community*:7. In 1998, Cedars-Sinai performed one of the first heart/liver transplants in the Western United States.

[86] Opened in June 2000, NICU was made possible through the generosity of Good Beginnings and the Fashion Industries Guild.

[87] Ibid.:6.

[88] Personal interview with the author. March 17, 2000.

[89] Risse, Guenter B., M.D., Ph.D. *Mending Bodies, Saving Souls: A History of Hospitals*. Oxford University Press 1999: 676-685.

SAGITTAL SECTION
CEREBRUM
CORPUS CALLOSUM
CELL WALL
NUCLEUS
NEURON

Cedars-Sinai Health System Mission Statement

The Cedars-Sinai Health System is committed to leadership and excellence in integrated health care services delivery, expanding the horizons of medical knowledge through biomedical research and its application to clinical care, educating and training physicians and other health care professionals, and assuming responsibility for helping to improve the health status of our community. The ethical and cultural precepts of the Judaic tradition inspire devotion to the art and science of healing and to the humanistic treatment given to our patients.

In partnership with our physicians and other care providers, Cedars-Sinai Health System will continue to be a market leader, within our defined communities, by making timely changes required to sustain its premier position in the delivery of affordable health care within our fiscal responsibility.

Cedars-Sinai

A ONE-HUNDRED YEAR HISTORY
OF CEDARS-SINAI MEDICAL CENTER

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